



Weeds to Wishes
Counseling & Consulting

CONFIRMATION OF INFORMED CONSENT

Please read each statement, and sign below:

- I have read this disclosure statement regarding adolescents and I understand it.
- I have had the opportunity to ask questions, and be provided further explanations as needed.
- I agree to follow the terms in the Disclosure Statement.
- I give consent for treatment as outlined in this document.
- I will receive a copy of this document with my signature upon request.
- I understand that my therapeutic relationship may be discontinued if the terms in this agreement are not fulfilled by any party.
- I understand the confidentiality policy and restrictions.
- I fully understand and will abide by the cancellation policy.
- I am able to provide documentation pertaining to any custody/guardianship concerns upon request.
- By signing I am stating that I am of competent mind and take responsibility for my decision.
- Where applicable: I am the legal guardian of the child mentioned below and have full permission to sign on their behalf for behavioral health services.

Client Name (print): _____ Date: _____

Client Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

Counselor Signature: _____ Date: _____

Weeds to Wishes
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253.653.6217
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Client Initials _____ Parent/Guardian Initials _____