

NAME _____

MR # _____

Before your appointment please feel free to review your therapist's professional disclosure statement and curriculum vita. You can also access this information on our web site by visiting: www.peace-of-mind-inc.com .

PROFESSIONAL DISCLOSURE ACKNOWLEDGEMENT:

Please feel free to ask questions at any time.

By signing below, you are agreeing that an opportunity has been provided to discuss any concerns you may have prior to committing to counseling. The invitation to open discussion will remain in effect throughout the relationship.

Date

Client/Parent/Legal Guardian Signature

Date

Witness Signature