



DEERFIELD COUNSELING

CONSENT FOR PSYCHOLOGICAL AND COUNSELING SERVICES (Adult)

CLIENT INFORMATION

Client Name:

Date of Birth:

Address:

Phone:

I, _____, consent to receive psychological and counseling services from Deerfield Counseling, LLC. All information pertaining to psychological and counseling services are confidential; however, administrative staff will participate in filing billing information. Administrative staff are held to confidential guidelines.

Services may include any of the following:

- a) Clinical Interview
- b) Psychological Testing
- c) Counseling
- d) Review of mental health, medical, psychiatric, legal, and school records
- e) Consultation with school staff, attorneys, other mental health professionals
- f) Interpretation and review of results
- g) Assisting with coordination of services as necessary

Client Signature

Date