

JESSICA ACKER LPC INC
12321 TIERRA HUMEDA
EL PASO TX 79938
915-691-7130

Consent for Counseling

Because I/We _____ understand that Individual, Group, and Family Counseling are not exact science. I/We do not hold the staff of this office and Jessica Acker in any way responsible of the outcome of my/our outcome obtained through my/our treatment.

I accept full responsibility for the value received and the value received and the outcome obtained from my/our therapeutic contract with the agency Jessica Acker LPC INC I have been informed and do understand issues of confidentiality, fee schedules/payments, the limits and guidelines of services provided and the responsibilities as a consumer.

I/We _____ agree to enter a course of treatment with Jessica Acker and hereby give consent for treatment.

I have received and thoroughly read thoroughly read the Client Information sheet as stated by the office of Jessica Acker LPC INC

Client

Signature/Parent/Guardian _____ Date _____