GROWTH & GRACE, LLC

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Consent for Treatment

The purpose of this document is to serve as consent for treatment with Sarah Woods, MA, LPC. Duration of counseling is dependent on client progression and a client's willingness to participate. A client has the right to withdraw consent at any time for any reason. A client will attend the type of counseling most appropriate for their presenting concern(s). A client will be asked to attend counseling sessions at the frequency determined by their counselor. This may be weekly, bi-weekly or monthly.

While attending counseling at Growth & Grace, LLC you can expect to be an active participant in your counseling. An active participant is a client, who during session heavily engages in conversation, provides insight/reflection and follows through with any objectives outside of session. There may be emotional risks to counseling. This may include feeling triggered while speaking about sensitive topics. You may feel uncomfortable bringing up certain topics. Your counselor will provide the highest level of care and consideration for you and why you are seeking counseling. There are many benefits to seeking counseling, such as developing a clear sense of self, positive coping strategies and creating healthy boundaries.

Your personal information will be kept confidential through the use of our EHR system, Headway. All client's information will be kept confidential and not shared unless otherwise communicated (see Policy and Procedures Form).

Please provide your signature to certify your understanding and agreement of this document.

Signature: _____ Date: _____