

Heather R. Harding, LMHC, LLC

Licensed Mental Health Counselor

Independent Therapist

License#: MH7804

Informed Consent

I consent to the evaluation/treatment process with Heather R. Harding, LMHC and I understand that this process may include myself, my child, and/or other family members.

The procedures of this office have been explained and I understand them.

I understand that I have the right to withdraw from treatment at any time.

I have been explained and I understand the Limitations of Confidentiality.

I have read and understand the Privacy Policy set forth by HIPAA.

Signature of client; if under 18, Signature of Parent/Legal Guardian

Date