



## CONSENT FOR SERVICES

- A. This is to certify that I am willing for myself, my family and/or my child to participate in services provided by Four Feathers Counseling, this will include all components of the program.
- B. I sign this form with knowledge and consent of the conditions of the program contract. I agree with these conditions and will cooperate with \_\_\_\_\_ a therapist with Four Feathers Counseling.

\_\_\_\_\_  
Client Signature (12 years or older) Date      Parent/Guardian (11 years or younger) Date

## CLIENT RIGHTS & RESPONSIBILITIES

Four Feathers Counseling assures each client the protection of his/her basic human, civil, and Constitutional rights by assuring that clients are:

- To be treated with respect and dignity
- To receive services regardless of race, religion, age, sex, sexual orientation, ethnicity or handicap
- To understand the purpose of the services recommended or court ordered.
- To have records kept confidential except when release of such information is authorized by law, or by the client.
- Able to make a grievance without restraint, interference, or coercion. To receive a copy of the complaint / grievance procedures.

As a client of Four Feathers Counseling, you have the following responsibilities:

- To abide by the rules and regulations of the agency, as they are made known to you.
- To respect the rights and property of other clients, staff or agency.
- To participate in the program

\_\_\_\_\_  
Client Signature (12 years or older) Date      Parent/Guardian (11 years or younger) Date