**Janell W. Harvey, LPC**

**805 Holcomb Boulevard Ocean Springs, MS 39564**

**Appointment: 228 324-5767 Counselor: 228 326-2023**

**LPC # 0388**

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**CONFIRMATION PAGE**

Please check the appropriate boxes below and bring this page in with you to the first session with your counselor. Fill out the Adult or Adolescent Information Checklist as well.

I have read, understand, and agree to the following concerning Islands Counseling:

* Cancellation Policy
* HiIPPA Policy
* Declarations and Procedures Policies

Client signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the client is a minor, the parent or guardian must also sign.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for my child(ren) to receive counseling at Islands (parent’s signature) Counseling.

**FINANCIAL AGREEMENT AND AUTHORIZATION FOR TREATMENT**

I have been informed of and read the Disclosure and Consent Form and agree to it. I authorize treatment of the person named below and agree to pay all fees as stated in it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client or Legal Guardian Date Signature of Counselor Date

I have completed and will include with this form the following two forms which are located on the website.

* Client Intake Form
* Adult or Adolescent Information Form