

**Marie D. Guillory, M.Ed., LPC, RTC**  
**8015 Vinton Avenue**  
**Lubbock, Texas 79424**

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**PERMISSION, UNDERSTANDING, AND ACKNOWLEDGEMENT**

**Permission to Treat:**

1. By my signature below, I \_\_\_\_\_ give permission to Marie D, Guillory, LPC to treat/evaluate myself, or if applicable, my dependent named \_\_\_\_\_.

**Understanding of Client's Rights & Office Policies:**

1. With regard to the office of Marie D. Guillory, LPC, I acknowledge I have read and understand the following documents, have been offered a copy, and can ask questions at any time.
- a. Notice of Privacy Practices dated 10/06/15
  - b. What to Expect From your Licensed Professional Counselor dated 11/13/2013
  - c. Limits of Confidentiality dated 10/06/15
  - d. Cancellation Policy dated 10/06/15
2. With regard to the office of Marie D. Guillory, LPC, I understand all policies regarding: Ethics; Confidentiality; Cancellations & Missed Appointments; and Release of Records discussed in the above documents.

\_\_\_\_\_  
Signature - Client (Client's Parent/Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Marie D. Guillory, LPC

\_\_\_\_\_  
Date