

Marie D. Guillory, M.Ed., LPC, RTC
5822 91st St
Lubbock, Texas 79424

Phone: (806) 939-5673 www.mdgcounseling.com Fax: (806) 798-0823

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 01/15/18
 - b. What to Expect From your Licensed Professional Counselor dated 11/13/2013
 - c. Limits of Confidentiality dated 01/15/18
 - d. Cancellation Policy dated 01/15/18
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