



Counseling Colorado, PLLC
Lauren Hughes, MA, LPC, NCC, LAC
www.counseling-colorado.com
lauren@counseling-colorado.com
4770 East Iliff Avenue, Suite 109
Denver, CO 80222
720-336-0030

Family Consent Form

We, the signers below, being 18-years of age or older do hereby consent to family counseling. We realize that all information shared in therapy that is not required by law to be revealed to the proper agency is private and confidential.

For the Client/Guardian: The right to confidentiality is maintained with two exceptions:

1. The professional has reason to believe that you will harm yourself.
2. The professional has reason to believe that you will harm others, including your child.

For the Child: The right to confidentiality is maintained with three exceptions:

1. The professional has reason to believe that you will harm yourself.
2. The professional has reason to believe that you will harm others.
3. The professional has reason to believe that someone or something is harming you including your parents.

At any time we or our therapist may terminate therapy. We also permit our therapist to consult with doctors, psychiatrist, psychotherapists or other professionals as the need arises.

By signing below, we agree to be seen for family counseling.

Client Signature

Date

Client Signature

Date

Client Signature

Date

Client Signature

Date

Guarding Signature

Date

Counselor Signature

Date