



Informed Consent Form

I have read the **Professional Disclosure Statement** and understand it:

I agree to abide by the policies and procedures within the Professional Disclosure Statement.

I understand that I will file my own insurance. I agree to pay the full fee at the time of each session.

By signing below I also affirm that I have received and read the **Notice of Privacy Policy and Practices** and information on the Health Insurance Portability and Accountability Act (HIPAA).

Child/Client Name _____

Client or client's legal guardian

Date

Amy S. Allen, LPC / Donna P. Robinson, LPC

Date