

Signature **required** on this form.

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Acknowledgement of Receipt of Informed Consent Contract

I have **read** all seven pages of the Informed Consent Contract prior to becoming a counseling client and have been given the opportunity to ask questions before signing this agreement. My **signature** below indicates my **clearly understood, voluntary decision consenting to participate in the counseling process** with

Laurie Daniel, M.S., LPC, MHSP, NCC

under the terms in the pages that I have read. I also clearly understand that I can withdraw my consent in writing to discontinue my participation in the counseling process at any time.

Client Name (Please print.)

Client Signature

Date