Client Name: _____

Date Of Birth: _____

Clouse Counseling, LLC/Wildflowers Counseling
Noelle W. Clouse, LMHC
. Email. Noellewclouse#@wildflowerscounseling.net

Consent for Contact

I agree to allow the therapist to contact me in the marked manners.

____Home Phone Call/Message Number: _____

____Cell Phone Call Number: _____

____Cell Phone Text Number: _____

____Home Email Address: _____

Child and Adolescent Consent for Contact

I agree to allow the therapist to contact my child, _____, in the marked manners.

____Home Phone Call/Message Number: _____

____Cell Phone Call Number: _____

____Cell Phone Text Number: _____

____Home Email Address: _____

Additional Contact for non-signing parent/guardian

I agree to allow the therapist to contact, _____, regarding my child's care in the marked manners.

Identified person's relationship to child/adolescent: _____

____Home Phone Call/Message Number: _____

____Cell Phone Call Number: _____

____Cell Phone Text Number: _____

____Home Email Address: _____

I have read, understood, and agree to the stated policies.

_____ Date: _____

Signature of Parent/Guardian

_____ Date: _____

Signature of Client (age 16 or older)