

Kristy Mitchell, LPC, PLLC

10948 NW Expressway Ste 3 Yukon, OK 73099

100 48th Ave NW Norman, OK 73072

Client Statement of Understanding and Informed Consent

Kristy Mitchell, LPC, PLLC , and/or clinic therapist has satisfactorily supplied me with information regarding privacy policies and practices, professional credentials and my client rights. I am authorizing disclosure of information as outlined and I am consenting to treatment for myself/and/or my child.

I have read fully, I understand, and I agree with the above policies and guidelines. I also understand that a copy of this document has been given to me.

Signature of client(s) or signature of parent or guardian if client is a minor

Date

I have discussed the issues above with the client(s) (and his/her parent or guardian).

Signature of Therapist

Date