**Family Renewal Therapy**

I am committed to being with you through your entire journey

817-993-9666 || Keller, TX 76248

Family Renewal Therapy is committed to providing quality services to our clients and to give you the information necessary to be informed about the therapeutic process.

***Please complete the relevant information:***

Client’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Grade (if applicable) \_\_\_\_\_\_

Employer or School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you or your child currently seeing a therapist? Yes or No

If so, who\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONFIDENTIALITY-** Confidentiality is described as keeping private the information shared between a client and his/her therapist. Therapy sessions at Family Renewal Therapy are strictly confidential; however, there are some circumstances when disclosure can occur without your prior consent. The following are possible situations that may limit confidentiality:

1. For purposes of supervision or consultation
2. Concerns that a client is a danger to himself/herself or someone else
3. The disclosure or suspicion of abuse, neglect, or exploitation of a child, elderly, or disabled person
4. The disclosure or suspicion of sexual misconduct or unethical behavior of another mental health professional
5. Ordered by the court to disclose information
6. Written consent to the release of information by the client/their parent/guardian
7. Otherwise required by law to disclose information.

* Minor clients should understand their parents have the right to access their records and to be informed of their progress in counseling. Any behavior in minors considered detrimental to the safety of the minor or others will be shared with their parent(s) and/or guardian.
* If participating in a group, confidentiality for all group members is required but it cannot be guaranteed.
* Illegal drugs and weapons of any kind are not allowed at Family Renewal Therapy. If it is believed a client is in possession of either, the local police may be called.

I have read and understand the informed consent document and agree to voluntarily enter myself and/or my child into counseling services at Family Renewal Therapy.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Client (Parent Signature required for minor children.)

Therapist: Shireen Khan, LMFT-Associate

(Supervisor: Don Zablosky, LMFT-S)