



INFORMED CONSENT FOR COUNSELING

New Leaf Clinic provides counseling services for children, adolescents, adults, and families. Client information is kept confidential and will be released only under the following conditions:

- a) The counselor determines that the client is a danger to himself/herself or to someone else.
- b) The client discloses abuse, neglect, or exploitation of a child, elderly, or disabled person.
- c) The client discloses sexual contact with another mental health professional with whom the client had/has a professional relationship.
- d) The counselor is ordered by a court to disclose information.
- e) The client directs the counselor, in writing, to release the client's records.
- f) The counselor is otherwise required by law to disclose information.
- g) In the event of the counselor's death, custody and control of client records will be given to Dr. Jenny Dougherty or Dr. Tracy McClung, respectively.

By signing below, I acknowledge that I have received and reviewed the full Privacy Practice and Informed Consent for Counseling provided by my counselor and available at www.newleafclinic.com and I understand the specific limitations to confidentiality as stated above.

Signature

Date

Name of minor, if client is under 18 years