



# Joyful Hearts Counseling

## AUTHORIZATION FOR PARTICIPATION IN THE COUNSELING PROCESS

\_\_\_\_\_  
Client's Name

\_\_\_\_\_  
Date of Birth

I hereby give permission to the following individual to participate as part of the counseling process with me/my child:

\_\_\_\_\_  
name of individual/organization

\_\_\_\_\_  
phone number

\_\_\_\_\_  
relationship to client

I give permission to Leslie to communicate with this individual/organization via phone/e-mail/text between sessions:    yes    no

I understand I may revoke this authorization at any time in writing to Joyful Hearts Counseling. The revocation will be effective except to the extent that action based on this authorization has already been taken. Joyful Hearts Counseling may not condition treatment, payment, enrollment or eligibility for benefits on whether the consumer signs the authorization. The information used or disclosed by this authorization may be at risk for re-disclosure by the recipient and no longer protected by federal privacy laws.

\_\_\_\_\_  
Signature of Parent/Guardian if applicable

\_\_\_\_\_  
Relationship to client

\_\_\_\_\_  
client signature, if applicable

\_\_\_\_\_  
Date of Signature

\* (If client is between 12-18 years of age, both his/her signature is preferred along with required signature of parent/legal guardian.)

**Joyful Hearts Counseling**  
**(480)420-8426**  
**Joyfulheartscounseling.com**