

Cathy Fariss, MA, LPC
4131 Spicewood Springs Rd. Ste. K-6
Austin, Texas 78759
(512) 577-9932

Request for Counseling Services

I have read, understand and agree to all office policies and the limits of confidentiality. I am hereby requesting counseling services with Cathy Fariss.

Minor's Signature

Date

Minor's Name (Print)

I give my consent as the parent/legal Guardian of the minor client above to receive counseling services from Cathy Fariss. I have read, understand and agree to all office policies and the limits of confidentiality.

Parent of Guardian's Signature

Date

Parent or Guardian's Name (Print)

Address