

INFORMED CONSENT FORM

Client's Name _____ Date _____ DOB _____

This informed consent document provides general information about the counseling services offered by Karen Hobbs, L.P.C., Renewing Hearts Family Counseling, L.L.C., and designated graduate students. This is a legal document; please read it carefully before signing.

- **Nature of Counseling:** The type and extent of services received will be determined following an initial assessment and thorough discussion with me (or my child) and the assigned counselor. I understand that there may be both benefits and risks associated with participation in counseling. Counseling may improve ability to relate to others, provide a clearer understanding of self, values, and goals, and an ability to deal with everyday stress. I understand that counseling may also lead to unanticipated feelings and change, which might have an unexpected impact on me/my child and my/my child's relationships.
- **Supervision:** I understand that Jennifer Runner, M.A., has completed a master's degree in Marriage and Family Therapy through Liberty University. I understand that Jennifer Runner, M.A. has a second supervisor who is a License Marriage and Family Therapist which is required for licensure. Patricia Profit and Matthew Stevens have completed a Master's degree in Professional Counseling through Liberty University. They are completing residency requirements for Virginia licensure. They receive supervision and mental health counseling experience under direct supervision of Karen R. Hobbs, L.P.C., Clinical Supervisor.
- **Confidentiality:** I (the client) understand that counselors maintain confidentiality in accordance with the ethical guidelines and legal requirements of their profession. The results of the Internship student's work with me/my child require that personal information be discussed with Karen Hobbs, L.P.C. As well, exceptions for intent to harm self or others, suspicion of elder abuse and/or neglect, suspicion of child abuse and/or neglect, or if a Judge from a Court of Law requests legal documentation requiring disclosure of information to official parties as designated. Should questions arise regarding this consent form or services offered - I understand that I may discuss them with my/my child's counselor. I have read and I understand the above. I understand that treatment may be stopped at any time and there are no penalties for denying permission to counsel. I also understand that I can request to meet with Karen R. Hobbs, L.P.C. at any time if I have any questions or concerns.

_____	_____	_____
Client's Name (please print)	Client's/Parent (if Minor) Signature	Date

_____	_____	_____
Responsible Party Name (please print)	Responsible Party Signature	Date

_____	_____	_____
Clinician Signature	Karen R. Hobbs, M.A., L.P.C.	Date