

FAMILY TIES

C O U N S E L I N G

Declaration of Practices and Procedures Agreement

I have read the Declaration of Practices and Procedures of Kelli Busbee, M.A., LPC, NCC and my signature below indicates my full informed consent to services provided by Kelli Busbee, Ed. D., M.A., LPC, NCC. This also includes my consent to the digital communication policy.

Consent for Treatment of an Adult:

Client Signature

Date

Client Signature

Date

Kelli Busbee, Ed. D., M.A., LPC, NCC

Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for



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EMAIL Kelli@FamilyTiesCounseling.com
WEBSITE www.FamilyTiesCounseling.com

(Name of parent or legal guardian)

Kelli Busbee, M.A., LPC, NCC to conduct therapy with my

_____, _____.
(Relationship) (Name of minor)

Signature of Parent or Legal Guardian Date

A paper copy of the Declaration of Practices and Procedures will be given upon request.