

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 Jennifer Larmann, M.A., LPC and my signature below indicates my full informed consent to services provided by Jennifer Larmann, M.A., LPC. This also includes my consent to the digital communication policy.

Consent for Treatment of an Adult:

Client Signature Date

Client Signature Date

Jennifer Larmann, M.A., LPC Date

Parent/Guardian Consent for Treatment of a Minor:

I, _____, give my permission for
(Name of parent or legal guardian)

Jennifer Larmann, M.A., LPC to conduct therapy with my

_____.

(Relationship)

(Name of minor)



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WEBSITE : om
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Signature of Parent or Legal Guardian

Date

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