



Grow Yourself Great Counseling and Consulting, PLLC



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Charlotte, North Carolina 28269

Consumer's Name:	Date of Birth:	Record #:
Legal Guardian:	Insurance:	Policy #:

CONSENT FOR SERVICES

(Consumer/Guardian initials each Item)

_____ We/I give consent for Grow Yourself Great Counseling and Consulting, PLLC (GYG) to provide services to myself/ my child/ my ward.

_____ We/I will participate in Outpatient Therapy Services and follow all treatment recommendations which address identified goals on my person-centered plan that I will work towards in time frames and methods to achieve the goals.

_____ GYG services have been described and we/I understand that my GYG workers will visit in my home, work, school or community to provide services that will help me reach my goals, if necessary and agreed upon by all parties involved.

_____ We/I have been explained about the benefits, risks and alternatives to planned services and the ways that GYG can support the achievements of the desired outcomes.

_____ Any fees or costs have been explained to us/me.

Consumer's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____

GYG Staff's Signature: _____ Date: _____