

CONSENT FOR SERVICES & LIMITS OF CONFIDENTIALITY

I, _____, consent to receive social work-related services from Dr. Torin T. Sanders, LCSW for the period of _____ to _____.

I understand that I have the right to withdraw my consent and to stop services should I choose to unless these services are being received as a result of a court order.

I further understand that these services are confidential in nature with various exceptions including but not limited to:

- duty to report child abuse or neglect
- duty to warn
- Situations involving the potential custody of a child

My signature below indicates that I have read and understand this form and agree to its statements.

Client Signature

Date

CONSENT FOR SERVICES & LIMITS OF CONFIDENTIALITY (MINOR)

I, _____, consent to having my son/daughter
_____ receive social work-related services from Dr.
Torin T. Sanders, LCSW for the period of _____ to
_____.

I understand that I have the right to withdraw my consent and to stop services should I choose to unless these services are being received as a result of a court order.

I further understand that these services are confidential in nature with various exceptions including but not limited to:

- duty to report child abuse or neglect
- duty to warn
- Situations involving the potential custody of a child

My signature below indicates that I have read and understand this form and agree to its statements.

Client Signature

Date