**Healing Strides Counseling Services, LLC**

**135 East Erie Street**

**Suite 303**

**Kent, OH 44240**

I hereby request counseling services from Healing Strides Counseling Services, LLC. I have been advised verbally and in writing the limits of confidentiality involved in the duty to treat, the duty to warn, the duty to report and the duty of my counselor to testify.

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**Signature Date**

**I have received a copy of my rights as a client of Healing Strides Counseling Services, LLC and my counselor has gone over the rights with me.**

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**Signature Date**

**As indicated above my child, of whom I have legal custody, received information regarding his/her rights, confidentiality of patient records and expectations of clients. I request services for my child and understand the limits of confidentiality stated above.**

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**Signature Date**