

**INFORMED CONSENT
LIGHT COUNSELING
20564 B TIMBERLAKE RD
LYNCHBURG VA 24502**

By signing this Informed Consent, I acknowledge I have read the forms included in the new patient packet and agree to them as well as the following:

I voluntarily agree to receive mental health assessment, care, treatment or services and authorize the provider to deliver such care, treatment, or services as are considered necessary and advisable.

Signing indicates that I understand and agree that I will participate in the planning of my care, treatment, or services, and that I may stop such care, treatment or services at any time. By signing this Informed Consent and Privacy Practices form, I acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered for me to ask questions and seek clarification of anything that remains unclear.

Signature

Date

Witness

Date