

**Informed Consent  
and  
Receipt of Privacy Policies**

If this **Informed Consent to Counseling** relates to a request by you for Bethlehem Counseling Associates, P.C. to provide services to a minor child, in cases of separation and/or divorce, the **Informed Consent to Counseling** must be approved by both parents prior to any services being provided. Your signature below indicates consent by you for your child to see a counselor at BCA.

I have received a copy of BCA Privacy Policies and Procedures and the BCA Informed Consent to Counseling and have asked questions about anything that is not clearly understood. I agree to comply with the policies and information presented.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client/Responsible Party Signature

Please sign and return this acknowledgment to Bethlehem Counseling Associates, P.C. prior to your child's first appointment.