



800 Oak Avenue Wyoming OH 45215 (513) 821-2428

CONSENT FOR COUNSELING

I, _____, parent or guardian of _____, give my permission for Wyoming Youth Services Bureau to provide counseling services to my child.

I understand that therapy is a collaborative effort and its success depends upon the efforts of the counselor and the client and his/her family. General benefits of counseling may include, but are not limited to, increased insight and confidence, improvement in interpersonal relationships, decreased anxiety and/or depression, and a general improvement in daily functioning.

The staff of Wyoming Youth Services Bureau are trained and qualified to be of assistance to you and your family.

I understand that I have the right to withdraw my consent for counseling at any time during the therapeutic process. If I refuse or withdraw from counseling, at my request Wyoming Youth Services Bureau will make efforts to assist me in finding alternate counseling resources.

By signing this consent form, I am stating that I have read and understand the above information and I am allowing Wyoming Youth Services Bureau to provide counseling services to my child and/or family.

Parent/Guardian Signature

Date