



Brittany Gomola

LICENSED PROFESSIONAL COUNSELOR

AGREEMENT FOR SERVICE / INFORMED CONSENT

This document provides important information regarding the nature and limits of the Emotional Support Animal (ESA) consultation you are receiving. Please read carefully and sign to indicate your understanding and agreement.

1. Nature of the Service

- This consultation is intended solely to assess the appropriateness of an Emotional Support Animal (ESA) letter, based on the information you provide and standardized screening tools.
- This consultation does not constitute psychotherapy, counseling, or any form of mental health treatment.
- No therapeutic relationship is being established as part of this evaluation.

2. Qualifications

- The provider is a Licensed Professional Counselor offering this service based on relevant training and/or credentials.
- This service is being provided within the scope of ESA evaluations only and does not extend to clinical diagnosis, treatment, or long-term mental health support.

3. Confidentiality

- Information shared during this consultation is kept confidential, except as required by law (e.g., threats of harm to self or others, suspected abuse, or court order).

4. No Guarantee

- This consultation does not guarantee the issuance of an ESA letter. Letters are only provided if, in the professional judgment of the provider, the criteria for an ESA are met.
- The provider is not responsible for how third parties (e.g., airlines, landlords) interpret or accept ESA documentation.

5. Hold Harmless and Limitation of Liability

By signing below, you agree to hold harmless the provider and waive any claims related to:

- The use or outcome of any ESA letter issued,
- The acceptance or denial of ESA status by any third party,

- Emotional, financial, or logistical consequences of any kind stemming from this evaluation.

6. Client Responsibilities

- You agree to provide accurate, honest, and complete information during this consultation.
- You understand that misrepresentation or omission of relevant details may invalidate any recommendation made.

By signing below, you confirm that you have read, understood, and agree to the above terms. You consent to proceed with the ESA consultation with full knowledge of its purpose and limitations.

Client Name: _____

Client Signature: _____ Date: _____