# MEMORY LANE – CONSENT FORM 1Bclient age 12 – 29 years

## YOUNG ADULT CLIENT CONSENT FORM

As a young adult seeking counselling services, signing below indicates that you have reviewed the policies described in the Service Agreement and understand the limits to confidentiality. You agree to receive counselling from 13133419 CANADA INC Director Julie Lavigne hereby referred to as “Memory Lane”. If you have any questions as your counselling sessions progress, you may ask your Child and Youth Care Practitioner at any time, without judgement.

Please check the boxes and sign below to confirm consent to counselling services for yourself:

□ I agree to receive counselling services from Memory Lane.

□ I understand that Memory Lane will refrain from honoring any requests for detailed information about my counselling services from anyone without my written consent. I also understand that a subpoena from a court will void this clause as Memory Lane will have a legal obligation to cooperate.

□ I understand that I will be informed immediately about situations that could endanger myself or others. I will respect Memory Lane’s professional judgment and am sincere about wanting to make positive changes in my life.

□ I agree to being open minded when trying new coping strategies, as recommended by Memory Lane. This includes but is not limited to making beneficial changes in routines and following new step-by-step programs tailored to my specific needs or trying new and safe activities to help foster healthy change.

□ I understand that I am not being judged, and that all counselling services offered by Memory Lane are unbiased and well-intentioned.

□ Using the counselling services provided by Memory Lane is optional, and I am able to withdraw at any time without penalty or judgment. I am here voluntarily and am sincere in wanting to find new ways to promote my healthy development and achieve a more balanced lifestyle.

TERMS OF AGREEMENT

I have read the CONSENT FORM 1B and I confirm consent to receive counselling services.
I understand that a complete failure to engage may result in a temporary suspension or immediate termination of services from Memory Lane.

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(THE CLIENT NAME – PRINTED)

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(THE CLIENT SIGNATURE)

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(DIRECTOR SIGNATURE)

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