



Consent to Treat

I _____ authorize Natasha Wright, LCSW of Heart to Heart Counseling LLC., to provide diagnostic and treatment services to me and/or my child (if said child is the client). I acknowledge that my consent for treatment and services are being given following correspondence with me describing those services. I understand that I may withdraw my consent for treatment/service at any time by notifying my therapist or designated staff of Heart to Heart Counseling at any time. I understand that any use of information regarding treatment will be protected by rules and regulations in accordance with HIPAA compliance.

Signature of Insured Person