



Expansion Counseling Services

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CONSENT TO USE OF ELECTRONIC SIGNATURE

PLEASE NOTE THAT PRIOR TO YOUR INITIAL APPOINTMENT, WE ARE REQUIRED BY FEDERAL ACCREDITATION STANDARDS TO HAVE THE CLIENT AND/OR LEGAL GUARDIAN'S (IF APPLICABLE) CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION (IF YOU ARE USING INSURANCE) COMPLETED AND SIGNED. IF YOU ARE USING INSURANCE, WE ALSO REQUIRE THE VERIFICATION OF INSURANCE PAGE TO BE COMPLETED AND SIGNED. IN ADDITION, THE ENTIRE CONSENT PACKET MUST BE COMPLETED AND SIGNED ANNUALLY (1X/YEAR) IF YOU REMAIN IN SERVICES AND THE TREATMENT PLAN SIGNATURE SHEET MUST BE COMPLETED AND SIGNED SEMI-ANNUALLY (2X/YEAR).

BY SIGNING BELOW, YOU GIVE PERMISSION FOR EXPANSION COUNSELING SERVICES, LLC IF NEEDED TO UTILIZE YOU AND/OR YOUR CHILD'S ELECTRONIC SIGNATURE AS NEEDED ONLY FOR THE FOLLOWING FORMS IF THEY ARE NOT SIGNED:

- CONSENT TO TREATMENT
- AUTHORIZATION TO RELEASE INFORMATION (INSURANCE COMPANY ONLY)
- VERIFICATION OF INSURANCE
- TREATMENT PLAN SIGNATURE SHEET

I _____ CONSENT TO ALLOW EXPANSIONCOUNSELING SERVICES TO UTILIZE MY ELECTRONIC SIGNATURE IF NEEDED FOR CONSENT TO TREATMENT, AUTHORIZATION TO RELEASE INFORMATION (FOR INSURANCE COMPANIES ONLY), VERIFICATION OF INSURANCE AND TREATMENT PLAN SIGNATURE SHEET FORMS. I UNDERSTAND THAT MY ELECTRONIC SIGNATURE WILL NEVER BE USED FOR ANY OTHER PURPOSES AND RELEASE EXPANSION COUNSELING SERVICES, LLC FROM ANY LIABILITY IN REGARD TO USE OF MY ELECTRONIC SIGNATURE FOR THE ABOVE MENTIONED PURPOSES.

I understand this agreement and that I may withdraw my consent at any time (in writing) by informing the Expansion Counseling Services, LLC staff and signing below.

Signature

Date

Signature of Client/Guardian Date

Use this space only if parent/client/guardian withdraws consent. _____

Rvsd 3/4/2022