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### Consent for Consultation

I understand that in order for consultation services to be completed, I must give my consent voluntarily. I understand that I may withdraw my consent either verbally or in writing at any time. However, consent cannot be withdrawn for any services provided prior to the withdrawal of this consent. I understand that any information gathered during the consultation will be treated as confidential both during and following the consultation.

This consent does not obligate the consultant to provide services, and it will expire one year from the date signed below.

\_\_\_\_\_  
Signature of Parent/Legal Guardian\*  
OR Signature of Individual if 18 years or older

\_\_\_\_\_  
Date

\*If individual being referred is 18 years or older, he/she must sign the Consent for Consultation and the Authorization for Release of Information OR the parent or guardian must provide a statement regarding their status of legal guardianship.

Return this form, copies of additional information, and Authorization for Release of Information to Keys To Learning by mail to: 1004 W. Golden Eagle St., Sioux Falls, SD 57108 or scan and email to [keystolearning@icloud.com](mailto:keystolearning@icloud.com).