**Acceptance letter for Individual Counseling Therapy**

**American Military Family** is honored to provide you with counseling services.

You will be given 13 counseling sessions. By signing below, you understand that **American Military Family** will pay for these counseling sessions.

Name of Veteran or service member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family members’ names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby acknowledge that I agree to Counseling Services provided by Combat Vets Helping Combat Vets Inc. (CVHCV). I understand that these services are being paid by **American Military Family**. If I wish to continue with additional counseling sessions, I agree to coordinate with Combat Vets Helping Combat Vets Inc. (or another mental health agency) for additional treatment. **American Military Family** will not responsible for any additional treatments. Further, as evidenced by my signature below, I hereby grant permission for Combat Vets Helping Combat Vets (CVHCV) to release any/all pertinent information to **American Military Family**, as may be necessary for billing and/or administrative purposes.

Signature of Veteran (service member):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_