

**Sandra “Sandi” G. Wilcox, MA, M Div
Licensed Professional Counselor**

CONSENT TO COUNSELING

I voluntarily consent to counseling with Sandra G. Wilcox, MA, M Div, LPC, who is certified by the State of Texas as a Licensed Professional Counselor, (TSBEPC # 66947). I will have opportunities throughout the counseling to discuss with Ms Wilcox the nature and scope of my problems, her initial and ongoing evaluations, the treatment plan with specific goals, any recommendations for adjunctive evaluation or treatment, progress and prognosis, and foreseeable risks of treatment.

I understand that I may withdraw from counseling at any time I wish and, if I so request, be provided with names of three other counselors or healthcare professionals with whom I may continue treatment. As a matter of courtesy and information for Ms Wilcox, I will inform her of my reason(s) to discontinue counseling.

I give consent to release information in order to coordinate treatment services with other healthcare professionals as needed.

In the event I regard Ms Wilcox’s personal behavior or counseling activities to be unprofessional, I will discuss it with her at the earliest possible time without charge to me. If I am not satisfied with the results of that discussion(s) I can contact the following licensing agency:

TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS
1100 West 49th Street
Austin, Texas, 78756-3183. Phone: 512-834-6658

Signature _____ Date _____

Signature _____ Date _____

Signature of parent or guardian Date _____