



Northern Reflections Counseling

**Consent for Care**

Client name \_\_\_\_\_  
Last Middle I. First

Date of birth \_\_\_\_\_  
Month/day/year

I have the authority to consent for myself or for the minor child named above. I hereby give my consent for counseling and related services provided by Northern Reflections Counseling. The behavioral health provider has explained the proposed treatment plan, the general nature and the risk involved in the treatment, and alternative treatment options available if any. However, treatment will not be delayed if an emergency exists.

This consent is valid for one year from the date it is signed.

\_\_\_\_\_  
**Signature** date

Relationship to Client: \_\_\_Self \_\_\_Parent of Minor \_\_\_Guardian/Conservator

\_\_\_\_\_  
**Printed Name** date