



HOPE THROUGH DARKNESS

INFORMED CONSENT FORM

PLEASE READ AND SIGN THIS FORM PRIOR TO YOUR FIRST SESSION:

Hope Through Darkness is an organization created by experienced professionals whose goal is to provide a variety of services to individuals in need. We specialize in providing the individualized mentorship and coaching that our clients need through taking the time to get to know each of our clients, and together developing the best possible resolution to their struggles.

Hope Through Darkness mentors will preform assessments and screenings using their extensive knowledge developed through years of clinical experience in the mental health field, in order to coordinate and implement a specified plan of action. Our mentors will establish specialized recovery plans, offer referrals to programs in the community, and be a dependable guide for each of our clients; but our organization is not a medical service, therefore we do not offer any specified diagnosis' and will not provide any prescriptions or medications.

.....

CLIENT INFORMATION:

Name of Client: _____

Signature: _____

Name of Parent/Legal Guardian: _____

*Only required if client is under the age of 18

Signature of Parent/Legal Guardian: _____

ACKNOWLEDGEMENT:

By signing this form, I understand and agree to the provisions stated in this form by Hope Through Darkness.