

# ***Welsh Wellness and Counseling, LLC***

*Erin Welsh, LCPC, NCC*

*1426 York Rd. | 1<sup>st</sup> floor | Cockeysville, MD | 21030*

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Please take the time to read the following documents emailed. You will need to read the Consent for Treatment and the HIPAA Notice for Privacy and Client Rights. If you are referring a child from divorced parents, both parents are required to read and agree to the additional Statement of Therapeutic Role in Divorce and Separation.

By signing below you agree with the Intake Packet for Psychotherapy Services with Erin Welsh, LCPC. The Consent for Treatment and HIPAA documents are required consents for working with Erin Welsh, LCPC.

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I consent to the treatment conditions in working with Erin Welsh, LCPC, and am aware of my rights and protections under HIPAA. If I am undergoing a separation or am divorced, I understand that my child's other parent is required to sign this form to consent for treatment, along with the Statement of Therapeutic Role in Divorce and Separation.

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Signature of Legal Guardian

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Date

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Signature of Legal Guardian

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Date

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Signature of Child if over 16 years of age

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Date