

Cinda Hardin, M.S., M.Ed., LPC, LAC
Licensed Professional Counselor, Licensed Addiction Counselor
621 4th Street, Windsor, CO 80550

The below signatures indicate that I have read and agree to the following forms. I am aware that these can be found online at any time I should want to view them again.

Print Client's Name

Consent for Treatment

Client's or Responsible Party's Signature

Date

Therapist's Signature

Date

Notice of Privacy Practices

Client's or Responsible Party's Signature

Date

Therapist's Signature

Date

Financial Contract

Client's or Responsible Party's Signature

Date

Therapist's Signature

Date

Consent for EMDR Treatment

Client's or Responsible Party's Signature

Date

Therapist's Signature

Date

Consent for Telehealth

Client's or Responsible Party's Signature

Date

Therapist's Signature

Date