



**GROWTHWORKS**  
COUNSELING  
*Directions in Wellness*

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I, \_\_\_\_\_, consent for my son/daughter,  
\_\_\_\_\_, to receive treatment from Amy Jones,  
LPC. I have read the attached documents, understand the nature of the work  
that will be done, and give permission for treatment and billing of the child's  
insurance company to occur.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date