

Marie Denise Guillory, M.Ed., LPC
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PERMISSION, UNDERSTANDING, AND ACKNOWLEDGEMENT

Permission to Treat:

1. By my signature below, I _____ give permission to Marie Denise Guillory, LPC to treat/evaluate myself, or if applicable, my dependent named _____.

Understanding of Client's Rights & Office Policies:

1. With regard to the office of Marie D. Guillory, LPC, I acknowledge I have read and understand the following documents, have been offered a copy, and can ask questions at any time.
- a. Cancellation Policy dated 09/26/22
 - b. Limits of Confidentiality dated 09/26/22
 - c. Notice of Privacy Practices dated 05/14/24
2. With regard to the office of Marie D. Guillory, LPC, I understand all policies regarding: Ethics; Confidentiality; Cancellations & Missed Appointments; and Release of Records discussed in the above documents.

Signature – Client

Date

Marie Denise Guillory, LPC

Date