



Empower
Counseling
Services, LLC

Confidentiality in Psychotherapy Signature

My signature below attest to the fact that we each have read, discussed, understand and agree to abide by the points presented in Confidentiality in Psychotherapy.

Signature of Client

Date

Printed Name

Relationship to Client

Signature of Therapist

Date

Catherine W. Harman, MS, LPC/S

Printed Name