**METAMORPHOSIS OF AMOR**

**INFORMED CONSENT FOR CERTIFIED COACHING AND SPECIALTY SERVICES**

Metamorphosis of Amor is here to help individuals and families that are struggling with issues that are robbing them of life enjoyment. I journey with them through difficult seasons of their lives, so that they can move toward health and healing, because life is too short to struggle one more day.

Information about clients, including case records are confidential and will be released only under the following conditions:

1. Metamorphosis of Amor and the staff determines if the client is a danger to himself/herself or to someone else.
2. The client discloses abuse, neglect, or exploitation of a child, elderly, or disabled person.
3. The client discloses sexual contact with another mental health professional with whom the client had/has a professional relationship.
4. Metamorphosis of Amor is ordered by a court to disclose information.
5. The client directs Metamorphosis of Amor to release the client's records.
6. Metamorphosis of Amor is otherwise required by law to disclose information.

I understand that to receive sessions at Metamorphosis of Amor, I am required to sign a Consent for Release of Information form (attached) giving Metamorphosis of Amor permission to communicate with mental health professionals who have seen me previously and/or obtain copies of records of my previous treatment. I agree to disclose all previous mental health treatment.

With an understanding of the above requirements, I agree to participate in therapy and or life coaching and release the Metamorphosis of Amor and all its employees from liability for the same. I understand that I am signing this form electronically by typing in my name, date, and time of signature.

Client Signature Date TIME

Client Signature Date TIME

**If the client is a minor, the legal guardian** (managing conservator) must sign the statement below:

Metamorphosis of Amor requires documentation of conservator ship/guardianship. You will need to furnish a photocopy of the cause page (first page calling out the case), the page specifying conservator(s) and the signature page from the divorce decree or custody document.

I affirm that I am the parent/ legal guardian (managing conservator) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (minor's name). With an understanding of the above requirements, I do grant permission for my child to participate in therapy and release Utopya Walker and the Metamorphosis of Amor from liability for same. I understand that I am signing this form electronically by typing in my name, date, and time of signature.

Parent/Managing Conservator's Signature Date TIME

Parent/Managing Conservator's Signature Date TIME

**Please Email or Fax To:**

Metamorphosis of Amor

519 E Interstate 30 #405

Rockwall, Texas 75087

m.o.amor@outlook.com

**FAX: 903-218-2501**

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