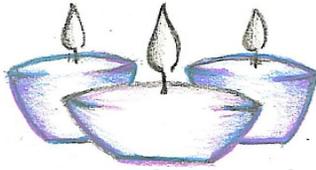


Extrordinary Counseling



"Your Lights to the future"

Parental Rights Acknowledgement

I, _____, affirm that I am the parent and or legal Guardian of _____, hereinafter referred to as "my child." I further affirm that I have legal right to consent for treatment of my above named child.

I understand that Extrordinary Counseling is a relying on my statements of fact that I have legal right to consent for treatment for my child. I have the right to consent to treatment of my child based on the following:

(Please initial statements that apply)

_____ I am the biological parent/step parent of the above-mentioned child and there has been no action taken in court, which terminates or in any way affects my relationship with my child.

OR

_____ There is a court order granting me the right to consent for treatment of the child.

OR

_____ I am NOT the parent of the above-mentioned child. I am seeking treatment of the child as allowed by Texas Family Code 32.001 et. seq. I attest that I am related to the child in the following manner: _____. I further attest that the child's parent or other person authorized to consent for the treatment of the child is NOT available at this time.

_____ I authorize Extrordinary Counseling to provide the following treatment as mandated by the court and or as I deemed necessary.

_____ I further understand that the above-mentioned treatment will begin on _____ and continue toward curriculum completion or refusal of service. Treatment will be a minimum of 30-60 minutes per tolerance or need.

_____ I understand it is my responsibility to make sure the above mention child continues and attends services: **on time and participate** with staff until said end date of treatment.

_____ Last, I understand d that is my legal responsibility to pay in full any and all the dues or fees for the above child's treatment no later than the last day of treatment.

My signature below acknowledges that I understand and attest to the statements above.

Signature

Date

Zylphia Beverly,MA,LPC,LCDC,NCC/WITNESS

Date