

# **Heather L. Rice, LMHC, PLLC**

PO Box 3092, Oswego, NY 13126 PH: (315) 529-108 Fax: (315) 295-2549

Email: [heatherricecounseling@gmail.com](mailto:heatherricecounseling@gmail.com)

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## Consent to Receive Counseling

I authorize and consent to receive personal counseling services as needed from Heather L. Rice, LMHC, PLLC. If there are any questions or concerns about the counseling services received, I understand that I may speak with Heather L. Rice, LMHC, NCC, Director at (315) 529-1008.

Counselor Name: Heather L. Rice, LMHC, NCC, Director

Client Printed Name: \_\_\_\_\_

\_\_\_\_\_

Client Signature (or parent/guardian if client under age 18)      Date

## Confirmation of Appointments

Typically, approximately 24 to 48 hours in advance of your appointment, we will attempt to contact you via cell phone in the form of a text message. Is this something you agree to: \_\_\_yes or \_\_\_no.

If yes, please provide your cell phone number here: \_\_\_\_\_

If no, please note preferred method of confirmation: \_\_\_\_\_

\_\_\_\_\_

Client Signature (or parent/guardian if client under age 18)      Date

*Please keep in mind that text messages are not a confidential means of communication. Therefore, text message communications should be limited to scheduling/changing appointment time(s) and should not contain any personal information. Your counselor will not engage in discussing clinical issues with you via text message out of respect for your confidentiality.*