



EPHESIANS LIFE MINISTRIES

Christ-Centered Counseling and Support Groups
301-439-7191

in God –
ed to your healing

Main Office
1620 Elton Road, Suite 204
Silver Spring, MD 20903

Counseling Offices
Bethesda, Clarksburg, Clinton, Gaithersburg, Oxon Hill, Rockville, MD
Vienna, VA & Washington, DC

Consent When Client Has a Representative

I have read and understand the Ephesians' Notice of Privacy Practices and the Statement of Policies. I acknowledge that I have received a copy of both documents.

In the event that my check is returned unpaid, I authorize an electronic debit of my account for the check amount plus a \$30 returned check fee.

I consent to enter into therapy with Ephesians Life Ministries and I accept responsibility for my part of the counseling process in accordance with the policies and procedures specified in the Ephesians Notice of Privacy Practices and the Statement of Policies.

Client's Name (Printed)

Date of Consent

Client's Representative (Printed)

Client's Representative's Signature

Relationship of Representative to the Client

Description of Representative's Authority

Therapist (Printed)

Therapist's Signature

Please sign two forms – one for your records and one for ours.

If you do not sign this consent form agreeing to the Ephesians Notice of Privacy Practices and the Statement of Policies, we cannot treat you.