

Marriage and Family Counseling Services

General Informed Consent

I, _____ consent for Barrington

Brennen of Marriage and Family Counseling Services to give the following

information to _____

- Attendance record
- Simple overview of therapy progress
- Detailed relevant information

Client's Name and Signature

Barrington H. Brennen, MA, NCP, BCCP

Marriage and Family Therapist

Counseling Psychologist

Board Certified Clinical Psychotherapist

Nationally Certified Psychologist