

LOIS THOMSON BOWERSOCK  *associates, llc*

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JOINT THERAPY SINGLE FILE CONSENT

By signing this intake and consent form below you give your consent for Lois Thomson Bowersock & Associates, LLC to maintain a single file for each joint therapy session in which you and _____, (your spouse/family member) participate and for either you or your spouse/family member to have the right to access all the information recorded by the therapist in the joint file at any time.

Signature of Client / Parent if minor

Relationship to Client

Printed Name of Client

Printed Name of Parent if Minor

Date

Signature of Client / Parent if minor

Relationship to Client

Printed Name of Client

Printed Name of Parent if Minor

Date

As Witnessed by:

Signature of Witness

Printed Name of Witness

Date