



**C. Blair Skinner**, M.S.  
*Licensed Marriage and Family Therapist*

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**Our Agreement**

I understand that I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any rights. I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy.

I have read, or have had read to me, the issues and points in this brochure. I have discussed those points I did not understand and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure. I hereby agree to enter into therapy with this therapist (or to have the client enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_ I have received a copy of the NOTICE OF PRIVACY RIGHTS.

\_\_\_\_\_  
 Signature of client (or parent)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed name

\_\_\_\_\_  
 Signature of therapist

\_\_\_\_\_  
 Date