





# Serenity in Motion

Counseling Services

This consent is effective on \_\_\_\_\_ and expires on \_\_\_\_\_.  
mm/dd/yyyy mm/dd/yyyy

I understand that I may revoke this consent at any time by giving written notice to the person or organization making this disclosure.

\_\_\_\_\_  
Client Signature mm/dd/yyyy

\_\_\_\_\_  
Parent/Guardian Signature (if client is a minor) mm/dd/yyyy

\_\_\_\_\_  
Representative of Serenity in Motion, LLC mm/dd/yyyy

NOTICE: I understand that this information may be protected by Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws. I further understand that the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules. These regulations prohibit Serenity in Motion, LLC or the above person, organization, or agency from making any further disclosure of this information without prior written consent.