

Therapeutic Agreement & Informed Consent

Becoming Through Sound | Maevon Gumble, MMT, MT-BC
maevon@becomingthroughsound.com | (412) 223-7067

Introduction

I, Maevon Gumble, MMT, MT-BC, am a masters-level clinician and board-certified music therapist. Currently, I am working towards licensure as a licensed professional counselor. This means that I have completed my graduate-level education, practicum hours, and other training ethically and professionally necessary to serve as a therapist. However, I am not able to accept medical insurance until obtaining my licensure, which involves the accrual of post-graduate clinical hours and continued supervision, which will be explained in further detail below.

This document serves to provide you, as a client, with further information about entering into the therapeutic process with me. Please read it carefully and be prepared to review it in our initial session, where you will have the opportunity to ask questions, share concerns, and gain clarity on any pieces of this process that you wish to discuss. It is your right to have a complete explanation of any questions you may have, now or in the future. Throughout the therapeutic process, I welcome any questions or concerns that may arise. Although I know this may be uncomfortable at times, your openness and honesty will allow me to best support you.

Ethics

As a board-certified music therapist and pre-licensed professional counselor, I am bound by the Ethical Code and Scope of Practice set forth by the following organizations:

The American Music Therapy Association (AMTA)

The Certification Board for Music Therapists (CBMT)

American Counseling Association (ACA)

Additionally, because I am pursuing certification through the International Transgender Certification Association (ITCA), I will also be adhering to their guidance in providing affirming care. If you wish to view any of these documents, please visit each organization's website or ask me for a copy. They are regularly being updated within each organization, and I will provide you with the most recent version.

Purpose

As a board-certified music therapist also pursuing licensure as a licensed professional counselor, I understand the therapy space to be a place for collaborative and holistic healing through the arts where we are in constant states of becoming better and more authentic versions of ourselves if we allow for it. Grounded in system-based, resource-oriented, trauma-informed, and social justice perspectives, I understand that we each bring our own strengths, skills, and resources into the context of a therapeutic relationship.

I am able to work with children, adolescents, adults, and older adults, providing psychotherapy, music therapy, and gender affirming voicework services, which can be combined together, if desired. I particularly focus on supporting clients who are wishing to explore their gender, sexuality, and/or other various parts of their identity. As a nonbinary trans person, I have both lived and clinical experience in working alongside those who are part of queer, trans, nonbinary, gender expansive, and questioning communities. In the therapy space, clients will have the opportunity to explore their lived experiences and foster a deeper connection with who they are and how they identify themselves in their everyday lives, which can further lead to a greater quality of life.

Psychotherapy is a process in which we will discuss a myriad of complicated issues, events, experiences, and memories for the purpose of fostering creative and healthy change so that we may experience our lives more fully. It provides an opportunity to better and more deeply understand oneself, as well as any struggles or difficulties you may be experiencing. Psychotherapy is a joint effort between both the therapist and the client. Progress and success may vary depending upon the particular struggles or issues being addressed, as well as many other factors. As a pre-licensed professional, I will tailor your therapy to your individual needs.

Music therapy is an established health profession where music is used within a therapeutic relationship to support a wide range of healthcare needs, dependent upon the person. I, Maevon Gumble, MMT, MT-BC, will work with you, as a client, to identify your particular needs and utilize your known and developing resources to address these needs. Focused on the overarching goal of improving quality of life and wellbeing, music therapy can involve creating, moving to, listening to, and or talking about music, as well as engaging in other forms of creative expression. These experiences are often processed mutually within the therapeutic space to gain deeper understanding, make meaning, and relate these discoveries to your everyday life.

Gender affirming voicework is a developing music therapy method that focuses on supporting you with accessing and embodying affirming gender expressions through the use of various creative methods, specifically supporting gender on a holistic level. I began developing this music therapy method during my Master of Music Therapy degree and have continued to develop this method while working with clients and engaging in clinical research with colleagues. In addition to ongoing insights gained from engaging in this work, this new and developing method is informed by personal experience and literature from the fields of speech-language pathology, vocal pedagogy, and music therapy. The results that you might obtain from gender affirming voicework will also depend upon your commitment to your own growth process. Therefore, homework assignments may be offered to encourage a deep engagement with your own therapeutic work.

I consent to engaging in the following therapeutic modalities as a part of my therapy:

_____ **Psychotherapy**

_____ **Music therapy**

_____ **Gender affirming voicework**

Risks & Benefits to Therapy

Participating in therapy may result in a number of benefits, including, but not limited to, reduced stress and anxiety, a decrease in unhealthy thoughts and self-sabotaging behaviors, improved relationships, increased comfort in social, work, and family settings, increased capacity for intimacy, and increased self-confidence and self-esteem. Such benefits may also require substantial effort on your part, including an active participation in the therapeutic process, honesty, and a willingness to openly explore feelings, thoughts, and behaviors. There is no guarantee that therapy will yield any or all of the benefits listed above.

Participating in therapy may also involve some discomfort, including remembering and discussing unpleasant events, feelings, and experiences. The process may evoke strong feelings of sadness, anger, fear, anxiety, etc. There may be times in which I challenge your perceptions/assumptions and offer different perspectives. During the therapeutic process, many people find that they feel worse before they feel better. This is generally a normal course of events. Personal growth and change may be easy and swift at times, but may also be slow and frustrating. You always have the right to refuse any treatment services or modalities and are encouraged to take an active part in the decision-making process for your treatment. You should discuss with me any concerns you have regarding your progress in therapy. Due to the varying nature and severity of problems and the individuality of each client, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

Becoming Through Sound does not provide emergency services. If you are in need of medical attention, you should call 911 or your doctor depending on your needs. If you are having a mental health emergency, please call Re:solve at 1.888.796.8226 or a local crisis hotline.

Rights and Responsibilities

As a client at Becoming Through Sound, you retain all civil, legal, and human rights and liberties unless otherwise specified through due process of law. You shall not be deprived of any civil right solely by reason of treatment.

Treatment is entirely voluntary, and you have the right to terminate treatment at any time. I have the right to terminate therapy with you under the following conditions:

- 1) If I believe that therapy is no longer benefiting you.
- 2) If you fail to follow recommended treatment repeatedly.
- 3) If I believe you will be better served by another professional.
- 4) If you have not paid for at least two sessions, unless special arrangements have been made.
- 5) When you have failed to show up for your last two therapy sessions without a 24-hour notice.
- 6) You are seeing another therapist and participating in treatment with me would jeopardize our relationship and the work you are doing with the other therapist. (If you are seeing another therapist, I will require that you sign a consent form to release information so that I can communicate with the other therapist).

If for any reasons our services terminate, I will provide you with the names of other qualified professionals.

Policies

Termination of Therapy: The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with me. I will discuss a plan for termination with you as you approach the completion of your treatment goals.

Cancellation or late arrival: Since an appointment reserves time specifically for you, 24-hour notice is required for rescheduling or canceling of an appointment. Cancellations within 24 hours of your session will result in a fee at the cost of your session unless you have a medical note or agree to reschedule within the same calendar week of your original appointment. Additionally, if you arrive late, we will meet for whatever amount of time remains and you will be charged the full 50 minutes. So that we both held accountable, should I need to reschedule your session within less than 24 hours, your next scheduled appointment will only be charged at 50% of your agreed upon session fee.

Telephone calls: You are welcome to leave messages at any time on my office phone. If you need to speak with me regarding a therapeutic issue, I will call you back within 24 hours if it is an emergency and within 48 hours if it is not (please leave a message briefly stating the nature of the call). Remember that, in general, telephone calls are not meant to take the place of an office visit; if you require extended time (15 minutes +) on the phone, I will bill you for that time. In special circumstances, I am agreeable to providing treatment over the phone at the same hourly rate as we have agreed upon for your office visits.

Clean and Sober Policy: Therapy can only be effective with a willing and able client. Clients are expected to be sober during our sessions. I assert the right to terminate any session if I believe a client is under the influence of substances that impair their ability to participate in treatment. If a session is terminated due to alcohol and/or substance use, this is considered a no-show and you will be charged a fee equal to your regular session fee.

Notice of Financial Responsibility

By consenting to engage in psychotherapy, music therapy, and/or gender affirming voicework services with Maevon Gumble of Becoming Through Sound, you are officially acknowledging that you are responsible for any agreed upon payments for services. You are expected to pay for services (in full) at the time they are rendered unless other arrangements have been made. Please notify me ahead of time if any problems arise regarding your ability to make payment. I accept cash, check, and major credit cards via a HIPAA-compliant platform (i.e., Square). For services rendered digitally or virtually, digital payments will be discussed with you.

_____ My agreed upon cost per session will be \$_____ for 50-minute sessions.

_____ I agree to complete payment at the end of each session.

_____ I understand that cancellations within 24 hours of my session will result in a fee at the full cost of my session unless I have a medical note or agree to reschedule within the same calendar week of my original appointment.

Acknowledgment

By signing below, the client acknowledges that they have reviewed and fully understand the terms and conditions of this Therapeutic Agreement and Informed Consent. The client has discussed such terms and conditions with the therapist and have had any questions with regard to its terms and conditions answered to the client’s satisfaction. The client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy, music therapy, and/or gender affirming voicework services at Becoming Through Sound. Moreover, the client agrees to hold the therapist free and harmless from any claims, demands, or suits for damages from any injury or complication whatsoever, save negligence, that may result from such treatment.

The client agrees to be legally responsible for any charges said person listed below may incur during psychotherapy, music therapy, and/or gender affirming voicework services at Becoming Through Sound. By signing this document, I understand that I am financially responsible for payment for all services rendered.

Client printed name (acceptable if over 14)

Client signature (acceptable if over 14)

(Date)

Parent/Guardian signature (required if client is under 14)

(Date)

Maevon Gumble, MMT, MT-BC

(Date)

HIPAA Notice of Privacy Practices

Becoming Through Sound | Maevon Gumble, MMT, MT-BC
maevon@becomingthroughsound.com | (412) 223-7067

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Commitment to Your Privacy

I am required by law to provide you with this notice that explains my privacy practices with regard to your medical information and how I may use and disclose your protected health information (PHI). In conducting business, I will create records regarding you and the treatment and services I provide to you. I am required by law to maintain the confidentiality of health information that identifies you. I also am required by law to provide you with this notice of my legal duties and the privacy practices that I maintain in my practice concerning your PHI. By federal and state law, I must follow the terms of the Notice of Privacy Practices that I have in effect at the time.

The terms of this notice apply to all records containing your PHI that are created or retained by my practice. I reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that my practice has created or maintained in the past, and for any of your records that I may create or maintain in the future. You may request a copy of the most current Notice at any time.

Uses and Disclosures of PHI

- 1. Treatment:** I may use and disclose your PHI to provide, coordinate, or manage your health care and any related services. I may also disclose your health information to other health care providers who may be treating you. For example, if a psychiatrist is treating you, I can disclose your PHI to your psychiatrist to coordinate your care. Additionally, I may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents.
- 2. Payment:** I may use and disclose your PHI to bill and collect payment for the services I provide you. For example, I might send your PHI to your insurance company or health plan to get paid for the health care services that I have provided to you. I may also provide your PHI to my business associates, such as billing companies, claims processing companies, and others that process my health care claims.
- 3. Health Care Operations:** I may use and disclose your PHI to support and operate my practice. For example, I may use your PHI to review and evaluate your treatment and services or to evaluate my performance while caring for you. In addition, I may disclose your PHI to third party business associates who perform billing, consulting, transcription, or other services for my practice.

4. **Appointment Reminders:** I may use and disclose your PHI to contact you as a reminder about scheduled appointments or treatment.
5. **Treatment Alternatives:** I may use and disclose your PHI to tell you about or recommend possible alternative treatments or options that may be of interest to you.
6. **Others Involved in Your Care:** I may use and disclose your PHI to a family member, a relative, a close friend, or any other person you identify that is involved in your medical care or payment for care.
7. **As Required by Law:** I may use and disclose your PHI when required to by federal, state, or local law.

Use and Disclosure of PHI in Special Circumstances

The following describe unique scenarios in which I may use or disclose your PHI.

1. **Public Health Risk:** I may use and disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:
 - Maintaining vital records, such as births and deaths,
 - Reporting child abuse or neglect,
 - Preventing or controlling disease, injury or disability,
 - Notifying a person regarding potential exposure to a communicable disease,
 - Notifying a person regarding a potential risk for spreading or contracting a disease or condition,
 - Reporting reactions to drugs or problems with products or devices,
 - Notifying individuals if a product or device they may be using has been recalled,
 - Notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult client (including domestic violence); however, I will only disclose this information if the client agrees or I am required or authorized by law to disclose this information,
 - Notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.
2. **Health Oversight Activities:** My practice may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure and disciplinary actions; civil, administrative and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.
3. **Lawsuits and Similar Proceedings:** My practice may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. I may also disclose your PHI in response to a discovery request, subpoena or other lawful process by another party involved in the dispute, but only if I have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.
4. **Law Enforcement:** I may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if I am unable to obtain the person's agreement,
 - Concerning a death I believe has resulted from criminal conduct,
 - Regarding criminal conduct at my office,
 - In response to a warrant, summons, court order, subpoena or similar legal process,
 - To identify/locate a suspect, material witness, fugitive or missing person,
 - In an emergency, to report a crime (including the location of the victim(s) of the crime, or the description, identity or location of the perpetrator).
5. **Military:** My practice may disclose your PHI if you are a member of the U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.
 6. **National Security:** My practice may disclose your PHI to federal officials for intelligence and national security activities authorized by law. I also may disclose your PHI to federal officials in order to protect the president, other officials or foreign heads of state, or to conduct investigations.
 7. **Inmates:** My practice may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (a) for the institution to provide health care services to you, (b) for the safety and security of the institution, and/or (c) to protect your health and safety or the health and safety of other individuals.
 8. **Workers' Compensation:** My practice may release your PHI for workers' compensation and similar programs.

Your Rights Regarding Your PHI

Although your health record is the physical property of the practitioner or facility that compiled it, the information belongs to you. You have the right to:

1. **Confidential Communications:** You have the right to request that my practice communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to Maevon Gumble at maevon@becomingthroughsound.com, (412) 223-7067 specifying the requested method of contact, or the location where you wish to be contacted. My practice will accommodate reasonable requests. You do not need to give a reason for your request.
2. **Requesting Restrictions:** You have the right to request a restriction in my use of disclosure of your PHI for treatment, payment, or health care operations. Additionally, you have the right to request that I restrict my disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. I am not required to agree to your request; however, if I do agree, I am bound by our agreement except when otherwise required by law, in emergencies or when the information is

necessary to treat you. In order to request a restriction in my use of disclosure of your PHI, you must make your request in writing to Maevon Gumble at maevon@becomingthroughsound.com, (412) 223-7067. Your request must describe in a clear and concise fashion:

- The information you wish restricted,
 - Whether you are requesting to limit my practices use, disclosure or both,
 - To whom you want the limits to apply.
3. **Inspection and Copies:** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including patient medical records and billing records, but not including psychotherapy notes. You must submit your request in writing to Maevon Gumble at maevon@becomingthroughsound.com, (412) 223-7067 in order to inspect and/or obtain a copy of your PHI. My practice may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request.
 4. **Amendment:** You may ask me to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for my practice. To request an amendment, your request must be made in writing and submitted to Maevon Gumble at maevon@becomingthroughsound.com, (412) 223-7067. You must provide me with a reason that supports your request for amendment. My practice will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, I may deny your request if you ask me to amend information that is in my opinion: (a) accurate and complete; (b) not part of the PHI kept by or for the practice; (c) not part of the PHI which you would be permitted to inspect and copy; or (d) not created by my practice, unless the individual or entity that created the information is not available to amend the information.
 5. **Accounting of Disclosures:** All of my clients have the right to request an “accounting of disclosures.” An “accounting of disclosures” is a list of certain non-routine disclosures my practice has made of your PHI for purposes not related to treatment, payment, or operations. Use of your PHI as part of the routine client care in my practice is not required to be documented. For example, the billing department using your information to file your insurance claim. In order to obtain an accounting of disclosures, you must submit your request in writing to Maevon Gumble at maevon@becomingthroughsound.com, (412) 223-7067. All requests for an “accounting of disclosures” must state a time period, which may not be longer than six (6) years from the date of disclosure and may not include dates before April 14, 2003.
 6. **Right to a Paper Copy of this Notice:** You are entitled to receive a paper copy of my notice of privacy practices. You may ask me to give you a copy of this notice at any time. To obtain a copy of this notice, contact Maevon Gumble at maevon@becomingthroughsound.com, (412) 223-7067.
 7. **Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with my practice or with the Secretary of the Department of Health and Human Services. To file a complaint with my practice, contact Maevon Gumble at maevon@becomingthroughsound.com, (412) 223-7067. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

- 8. Right to Provide an Authorization for Other Uses and Disclosures:** My practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to me regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, I will no longer use or disclose your PHI for the reasons described in the authorization. Please note: we are required to retain records of your care.

Privacy Officer Information

If you have any questions regarding my notice of privacy policies, complaints about my privacy practices, or need information on how to file a complaint, please contact Maevon Gumble at maevon@becomingthroughsound.com, (412) 223-7067.

By signing below, I agree that I have reviewed this Notice for Privacy Practices policy.

Client signature (acceptable if over 14) (Date)

Parent/Guardian signature (required if client is under 14) (Date)

Maevon Gumble, MMT, MT-BC (Date)

Informed Consent for Telehealth Services

Becoming Through Sound | Maevon Gumble, MMT, MT-BC
maevon@becomingthroughsound.com | (412) 223-7067

Purpose: The purpose of this telehealth consent is to establish or maintain access to psychotherapy, music therapy, and/or gender affirming voicework services when face-to-face contact is restricted or not available.

Nature of Music Therapy Telehealth Services includes:

- Details of you and/or your child's medical history, music therapy assessment, or overall treatment may be discussed through the use of interactive video, audio, and telecommunications technology.
- Individual or group psychotherapy, music therapy, and/or gender affirming voicework

Medical Information and Records: All existing laws regarding your access to medical information and copies of your medical records apply to telehealth visits. Additionally, dissemination of any patient-identifiable images or information from this telehealth interaction to researchers or other entities shall not occur without your consent, unless authorized under existing confidentiality laws.

Confidentiality: Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with telehealth visits. All existing confidentiality protections under federal and Pennsylvania law apply to information disclosed during telehealth visits.

Risks and Consequences: Telehealth visits will be similar to typical visits, except interactive video technology will allow you to communicate with the therapist at a distance. At first you may find it difficult or uncomfortable to communicate using video images or by phone. The use of video technology and telephones to deliver healthcare and educational services is a new technology and may not be equivalent to direct patient to professional contact.

Rights: You may withhold or withdraw consent to telehealth visits at any time without affecting your right of future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

Financial Agreement: Telehealth sessions will be billed via most major credit cards.

By verbally agreeing to this consent form, I acknowledge that I have been advised of all the potential risks, consequences, and benefits of telehealth services. My therapist has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I understand the written information provided above.

Client signature (acceptable if over 14)

(Date)

Parent/Guardian signature (required if client is under 14)

(Date)

Maevon Gumble, MMT, MT-BC

(Date)

Policy for Electronic Communications

Becoming Through Sound | Maevon Gumble, MMT, MT-BC
maevon@becomingthroughsound.com | (412) 223-7067

In order to maintain clarity regarding our use of electronic modes of communication (i.e. text, email, video conferencing, etc.) during your treatment, I have prepared the following policy.

Many electronic modes of communication put your confidentiality and privacy at risk and can be inconsistent with the law and with the standards of my professional practice. I recommend against using electronic forms of communication as an aspect of your treatment. This policy has been prepared to assure the security and confidentiality of your treatment. However, I, along with my client, retain the right to make specific exceptions to this policy as determined on a case-to-case basis. In the event you choose to use electronic communication, you understand that confidentiality may be breached by using those forms of communication. If you have any questions about this policy, please feel free to discuss them with me.

Email and Text Messaging Communications: I will not initiate communication using email and/or text messages, except with client permission when specifically pertaining to payment of services or unless under usual circumstances (e.g., we are unable to contact you by any other means in an emergency). I will only use email communication with your written permission and only for administrative purposes unless we have made another agreement. That means that email or text exchanges should be limited to things like setting and changing appointments, billing matters and other related issues. Do not use personal health information such as name, date of birth, etc. when using electronic communication, because access to electronic information is not assumed to be protected or private. Please do not use email for treatment-related issues.

Other Providers and Individuals: If other providers or individuals contact my office about you by means of electronic communication (email, texting, etc.) we will not respond without your express written consent.

I would like to communicate via electronic communication. Yes No

If so, please print email address: _____

Please sign below if you understand the policy regarding electronic communications:

Client Signature

(Date)

Authorization for Release/Exchange of Information

Becoming Through Sound | Maevon Gumble, MMT, MT-BC
maevon@becomingthroughsound.com | (412) 223-7067

This form is optional and provides your therapist at Becoming Through Sound with written permission to communicate with other individuals regarding your treatment (i.e., previous therapist, current health care provider, significant other, family, etc.).

I, _____, authorize _____ to release and/or exchange information about my therapy services with the following party:

Name/Relation: _____

Address: _____

Telephone number: _____

Information to be released or exchanged (check all that apply)

Intake and history Diagnosis and treatment plan Verbal consultation
 Treatment progress Discharge Summary Billing and Payment
 Other (specify): _____ All of the above

This release shall be valid until the termination of treatment or until withdrawn in writing by the client during the course of treatment.

Client printed name

Client signature (acceptable if over 14)

(Date)

Parent/Guardian signature (required if client is under 14)

(Date)

Maevon Gumble, MMT, MT-BC

(Date)

Permission to Audio/Video Record Sessions (optional)

Becoming Through Sound | Maevon Gumble, MMT, MT-BC
maevon@becomingthroughsound.com | (412) 223-7067

I hereby give permission to **Maevon Gumble, MMT, MT-BC** at **Becoming Through Sound**, to make audio and/or video tape recordings of our sessions. I understand that these recordings will only be used for the purposes of improving our clinical work together and will be held in the strictest of confidence by Maevon Gumble. All tapes of sessions will be deleted no later than a year after the termination of our work together. Any exception to this agreement would require an additional permission form to be signed by both Maevon Gumble and myself.

Client signature (acceptable if over 14)

(Date)

Parent/Guardian signature (required if client is under 14)

(Date)

Maevon Gumble, MMT, MT-BC

(Date)