

Breath of Life Counseling Services
107 Cedar Grove Lane, Suite 103E
Somerset, NJ 08873
732-289-6008

Notice of Informed Consent

Client Name: _____

Date of Birth: _____

I have received and been given an opportunity to read *Breath of Life Counseling Services* notice of Informed Consent. I understand and agree to their terms and understand that if I have any questions, I can call *Breath of Life Counseling Services* at (732) 289-6008:

Signature of Client

Date

Signature of Parent or Guardian

Date

Staff Member Signature

Date

Client or Parent/Guardian (if client is a minor) refuses to acknowledge receipt:

Staff Member Signature

Date