



Coral Counseling Center LLC

Erica Boan, MS, LPC

313 South Ave, Suite 401

Springfield, MO 65806

Adult Consent for Treatment

I hereby consent to assessment, treatment, counseling and/or family therapy for myself as deemed appropriate by the staff of Coral Counseling Center LLC. My signature indicates that I understand the information as provided to me on the information sheet I received with this consent form.

I give permission for this agency to release information necessary to bill Medicaid, Medicare or private insurances including Collections for services rendered by Coral Counseling Center LLC.

Signature

Date

Time

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