

# The Mind of Christ Counseling Center

1109 Cheek Sparger Road, Suite 100  
Colleyville, TX 76034

## Agreement Form

I have read (or have had read to me) and understand the:

HIPAA Notice of Privacy Practices  
The Informed Consent  
Mandatory Reporting Requirements  
Expectations of a Licensed Professional Counselor

Client Signature:

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Print Client Name:

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Date: \_\_\_\_\_

Counselor Signature:

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Print Counselor Name and License Number:

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Date: \_\_\_\_\_