

Patricia M. Brown, M.A., PC
Licensed Psychological Associate
Licensed Professional Counselor

I _____, in behalf of my child(ren), _____,
understand that therapy for my children is for the purpose of counseling only and will not require
Patricia M. Brown to use therapeutic notes or be subpoenaed to court in behalf of my children or
myself in regards to a custody case.

Signature of Parent or Legal Guardian

Date