



## **Informed Consent**

I authorize, Ernesta Chavez, LPC-I, NCC, counselor of The University of South Carolina Lancaster Counseling Services to provide counseling services to me. I understand the potential risks and benefits of counseling, and I understand that I may ask questions about my treatment and request a review of my treatment progress at any time. I agree that my request for services is entirely voluntary and that I may discontinue treatment at any time. I acknowledge that no guarantees have been made to me regarding the results of treatment provided. I understand my rights as a client/patient.

I certify that I have read and received copies, had explained to me where necessary, fully understand, and agree with the contents of the **Professional Disclosure Statement, Notice of Privacy Practices, and Consent to Treatment.**

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*Print Name of Student*

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*Student ID*

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*Signature of Student*

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*Date*