

Sabrena Swain, M.A., MFT
Individuals, Couples, Families
License # MFC 42517

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Parental Permission Contract

I give permission for _____ to be counseled by

Sabrena Swain, #MFC 42517

Signed _____ Date _____
(Parent or Guardian)

Confidentiality Agreement

I understand that all communication between my child and the therapist is confidential unless the child/adolescent intends to take harmful or dangerous action against her/himself or another individual, or if s/he is threatened with harmful or dangerous actions by someone else.

Signed _____ Date _____
(Parent or Guardian)

Signed _____ Date _____
(Child or Adolescent)