



Daring  
Soul Care

7890 St. Andrews Cir  
Orlando, FL 32825  
(407) 342-3559  
debbie@  
daringsoulcare.com

awake  
●  
brave  
●  
connected

# INFORMED CONSENT AND RELEASE OF LIABILITY

Debbie Miller, LLC, doing business as Daring Soul Care, offers professional mental health counseling services by Christian practitioners who have earned a Master’s Degree from an accredited graduate program, and who have been licensed as Licensed Mental Health Counselors or provisionally licensed as Registered Mental Health Counselor Interns by the State of Florida.

The completion of an intake questionnaire and an informed consent and release of liability form are required for counseling services to commence. Selected personality and/or vocational assessments may also be administered with your additional consent at fees to be determined.

In order to initiate counseling, please read the following agreement; your signature attests that you both understand and agree to the terms contained herein.

- 1) I, \_\_\_\_\_, understand that my counselor is a Licensed Mental Health Counselor or a Registered Mental Health Counseling Intern working under the supervision of a Licensed Mental Health Counselor, as specified by Florida law.
- 2) I understand that my counseling records are kept confidential, except where disclosure is required by law or by the professional ethics of the counseling profession.
- 3) In consideration of the benefits to be derived from the counseling, the receipt whereof is hereby acknowledged, I hereby release, remise and forever discharge and covenant not to sue or hold legally liable Debbie Miller, LLC and the Daring Soul Care counseling practitioners from any and all claims, demands, damages, actions or causes of action whatsoever related to the counseling process.

I waive any right I may otherwise have to seek to use the record of my counseling with Daring Soul Care as evidence in any judicial proceeding or to compel the testimony of any licensed counselor, registered mental health counseling intern, or supervisor providing counseling to me through Daring Soul Care/Debbie Miller LLC.

*I have read and understood the preceding information and agree to the policies of Debbie Miller, LLC, as stated. I understand that these comments are prerequisite to my receiving and continuing counseling through the Daring Soul Care practice.*

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

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