



Grace Counseling Services. 9160 Marshall Road, Cranberry TWP. PA, 16066. 724-553-5030.

Grace Confidentiality Agreement for Guest I, _____, am a guest for the coaching services provided by Grace Counseling services to _____ (the client(s)). I hereby agree to keep all information shared in all sessions and services for the client(s) confidential. Guest(s)

Signature(s): _____ Date: _____

Circle:

- Interpreter • Case Worker • Family Member • Friend • Clergy • Other

_____, (the client(s)) have agreed to disclose the information and I give consent for this above named person to attend my coaching session.

Client(s) Signature(s): _____ Date: _____

_____ Date: _____