



*Marie  
Z. Ray*  
LPC-S

P 512-863-4466  
1006 Rock Street  
Suite 101  
Georgetown, TX

## Acknowledgment and Consent

I hereby accept client services of Marie Z. Ray including, but not limited to, formal assessments, screenings, individual, marital, group, or family therapy.

I understand that I am responsible for charges for services rendered to me or my child.

\_\_\_\_\_  
Client name

\_\_\_\_\_  
SS number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Parent signature (if applicable)

Relationship Therapy & Counseling

