



The MECCA Group, LLC.

1001 Connecticut Ave, NW
Suite 1235
Washington, DC 20036
202.529.3117 (p/f)

Mercedes E. Ebanks, Ph.D.
Keisha L. Mack, Ph.D.

PARENT/GUARDIAN PERMISSION FOR COUNSELING

Date: _____

I give permission for The MECCA Group, LLC therapist to provide counseling to my child, _____. I understand that student and family confidentiality will be respected.

I authorize the sharing of information with school personnel and educational specialist if needed to better serve my child. I understand that school personnel have signed a confidentiality agreement with The MECCA Group to ensure and protect my child's privacy.

I further understand that as a part of this process, The MECCA Group staff receives clinical supervision.

This permission will remain in effect for the duration of my child's service(s). I understand that I may withdraw this permission in writing at any time.

Parent/Guardian: _____

Signature: _____

Relation: _____

Address: _____

Phone: _____

Email: _____

Name of Student: _____

D.O.B.: _____