



I, \_\_\_\_\_, understand that what is discussed during the Title X counseling sessions is confidential and, if follow-up is necessary, every attempt will be made to assure privacy. If I am hurting myself, someone is hurting me, or I am hurting someone else then my information will be shared with the healthcare team at Families Together of Orange County so that I may receive the help or support that I may need.

**I HAVE READ THIS RELEASE AND CONSENT FORM BEFORE AFFIXING MY SIGNATURE BELOW,  
AND I UNDERSTAND AND AGREE TO ITS TERMS.**

\_\_\_\_\_  
Signature of patient, parent, or guardian, as appropriate