



Humanistic Counseling Center
PO Box 24242
Cleveland, OH 44124
P: 216-839-2273
F: 216-896-0735

DATE _____

NAME OF PARENT/GUARDIAN _____

Re: CHILD'S NAME _____

Dear PARENT NAME,

This letter is to inform you that _____ is engaged in individual outpatient mental health services at Humanistic Counseling Center (HCC), and I am their assigned clinician. It is the policy at HCC to notify all parents/guardians if their child is engaged in mental services. My contact information is listed below if you wish to reach me.

Respectfully,

Clinician and Title

Contact Information

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Office@HCCcares.com
www.HCCcares.com