the Center
for Christian Counseling, Consultation & Training, Inc.

4868 High Crossing Blvd.
Madison, WI 53704
608.274.8294
608.274.8783 Fax

CLIENT TESTIMONIAL SUBMISSION

In submitting this testimonial, my understanding is that The Center for Christian Counseling, Consultation and Training, Inc. will abide by the requests for confidentiality that are outlined below:

- The use of my testimonial (in part or in whole) will only be used by The Center for Christian Counseling, Consultation and Training, Inc. for the intended purpose of sharing with others who may be considering Christian counseling, the experience that I have had at this clinic.
- The only editing of my testimonial will be for punctuation and grammatical changes; not altering of content or meaning.
- In addition to the actual testimonial, only the information I authorize below may appear with my testimonial.
- At any time, I may contact The Center for Christian Counseling, Consultation and Training, Inc. to have my testimonial not used any longer.

Please initial any or all of the following to indicate your allowance of the following items:

_____ You may use my first name only (Mary)
_____ You may use my first name and first initial of my last name (Doug R.)
_____ You may only put the month and year of my testimonial (April, 2013)
_____ You may state that I am a client of a particular therapist (client of Kevin Randall)

My testimonial:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____