Counseling Service Agreement

FEES

Fees are established in advance of the first meeting. Session discounts for seniors (65+) and military personnel are also determined in advance. I do not file insurance. Payment is due at the end of each session by check or cash only. You will not be charged for cancelled appointments that have a twenty-four hour notice or are hindered by genuine emergency. If, for some reason I must cancel a last-minute appointment, there will be no charge for your following appointment. If, I am required to prepare and appear for litigation and legal activity on your behalf, you will be required to pay for my professional services and time for a fee of $500.00 per hour. Discounts do not apply to court related expenses.

CONFIDENTIALITY

Therapy is governed by rules of confidentiality. Any exchange of information with outside parties will only be done with your express consent. However, the following conditions obligate me report to authorities: clear indication that you are at risk of harming yourself, harming other people, or abusing a child/elder.

CONTACTING YOU

Your privacy and confidentiality is very important to me. Please indicate the way(s) you prefer to be contacted:

\_\_\_\_ Email: email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Text: Best Number to reach you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Phone: Best Number to reach you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Public: I may be acknowledged at your discretion in public should we meet.

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Client Date

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Client Date

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Therapist Date