

Client Informed Consent for Counseling

Congratulations on making the decision to take positive action for change in your life. While there is no guarantee for the kind of result you may want from counseling, the intent of this document is to clarify expectations and ground rules for our counseling relationship, and reduce the possibility for misunderstanding or disappointment. Please read the following; feel free to ask any questions you may have, and sign below.

1. Participation in counseling is voluntary and can be terminated at any time.
2. The success of counseling is related to client involvement in the process of counseling and willingness to change.
3. Clients are responsible for payment for services at each appointment. Arrangements for delayed payments or reduced rates can be made on an individual basis in cases of financial hardship. Unless previously agreed to, Clients are asked to bill their own insurance, as insurance companies tend to be more responsive to their subscribers. Fees are as follows:

Individual Therapy	\$ 140.00/hr
Couples/Family Therapy	200.00/hr
Telephone and correspondence	90.00/hr

 (No charge for the first 10 minutes.)

4. Any appointment cancellation must be done at least 24 hours in advance. Cancellation with less than 24 hours' notice or not showing for a scheduled appointment can result in full charge.

5. Confidentiality is strictly enforced. Your written consent is required for release of information to outside persons or agencies with only the following exceptions:

- When you are judged to be a danger to yourself or others;
- In cases of child or elder abuse;
- When ordered to release information by a court of law.

Cases are reviewed for clinical consultation, without revealing client names, with professional colleagues who also strictly protect confidentiality.

I have read and agree to the foregoing. _____
Client Signature Date