

COUNSELING AGREEMENT

Counselor agrees to:

1. Arrive on time for appointments that meet 50-60 minutes.
2. Maintain a professional relationship.
3. Terminate sessions if client is under influence of drugs/alcohol.
4. Keep communication part of the counseling record and maintain confidentiality unless you are a danger to yourself or others; you disclose abuse, neglect, or exploitation of others; I am ordered by a court to disclose; you direct me to disclose; or I am otherwise required by law to disclose.
5. Encourage open communication between family members.
If records are necessary for courts or attorneys, a fee of \$120 is charged for providing them.
6. I do not do court appearances, but will provide written summaries for \$120.
7. Do not become friends at social network sites in order to protect your confidentiality and comply with LPC ethical standards.
8. Make things right, if an error is made.
9. I do not do disability paperwork.

Client agrees to:

1. Arrive on time for appointment.
2. **Pay for any appointments not cancelled 24 hours prior to appointment.**
3. Work with counselor to set goals for counseling.
4. Be aware that counseling is a process and can lead to major changes in life that may be stressful
5. Be aware that he/she has rights and to discuss concerns with the counselor who will make things right
6. The fee is due at the appointment by cash, check, or credit card. Fee is \$120. Payment plans can be arranged when needed.
7. If insurance company denies payment, the client is responsible for the fee.
8. Notify the counselor if unhappy about something.

Signing below indicates understanding of this agreement and HIPAA policy.

PLEASE GO ON TO PAGE 2 FOR COMMUNICATION AGREEMENT

If dissatisfied with services, reports may be made to The Texas State Board of Examiners of Professional Counselors at the Texas Department of State Health Services. P.O. Box 149347, Austin, TX 78714-9347. Or email [HYPERLINK "mailto:lpc@dshs.state.tx.us"](mailto:lpc@dshs.state.tx.us) lpc@dshs.state.tx.us; or phone 512-834-6677.

COMMUNICATION AGREEMENT

You may communicate with me via phone, email, or fax. However, as in any internet driven communication, I cannot guarantee that it can be 100% private.

Please sign below to indicate you are willing to receive or send communications via each method. If not willing to receive or send via the medium, please write "No" next to it; if willing, write "yes" next to it. Then print and sign your name and date on the last 2 lines.

Sign and date at the bottom of the page and print your name.

Relationship Tips Newsletter; receive _____

Email communication: receive _____ send _____

Fax communication: receive _____ send _____

Text communication: receive _____ send _____

Phone receive messages: cell _____; home _____; work _____

Print name and date

Sign name and date

**This is a home office located at 7213 Cliff View Lane.
From George Bush and Campbell, go west on Campbell, turn right on Shiloh, turn left on Clear Springs, turn right on Spring Hill, and immediately turn left on Cliff View Lane.
It is the 4th house on the left, red brick, beige shutters.
Please park on the street on either side of the driveway.**

Please wait until your session time to enter, in respect to the appointment before yours.

Thank you,

Pam