

## Informed Consent for Services

This form acknowledges that you have requested professional services from me and have received a copy of the Informed Consent for Services. This letter sets forth the agreement concerning our understanding of such services.

1. You are entitled to receive information from me about my counseling methods, techniques, education and credentials. You have the right to stop talking to me at any time, and/or to seek a second opinion about your concerns.
2. We both understand that it is never permissible for a sexual relationship to develop between a client and a therapist.
3. Our conversations are **confidential**. I will not share anything we discuss with anyone else unless I get your written permission, except in situations outlined in the Informed Consent for Therapy Document you have received.
4. If you participate in whatever services are recommended by me, you agree to pay for these professional services according to the fee schedule you have received. Any payments received from third parties (i.e., insurance) will be credited to your account, however, you are primarily responsible for payment of any outstanding balances.
5. You will be charged for missed appointments cancelled less than 24 hours in advance.
6. Returned Checks: A service charge will be applied for checks returned by your bank for any reason. If two or more checks are returned, I will no longer accept checks from you and you will be asked to pay in cash.
7. Payment plans can be arranged, at your request, if the need for such arrangements can be established. In the event it becomes necessary to use the courts to collect any unpaid balance, you agree to pay reasonable attorney fees and any and all court costs which may be incurred.

I have received the Informed Consent for Services referenced on this page, as well as disclosure of my Health Insurance Portability and Accountability Act protections included in the Notice of Privacy Practices. I agree to read the contract and to bring any questions about its contents or general concerns to my therapist's attention at the following session.

Client Signature \_\_\_\_\_  
Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
Date \_\_\_\_\_

(If client is less than 18 years of age)

Witnessed \_\_\_\_\_  
Date \_\_\_\_\_