



COUNSELING AGREEMENT

Client Name: _____ Date: _____

We welcome you to Life's Solutions Counseling, or LSC, and we are confident that your visits will be worthwhile. The following guidelines are important for your consideration. Your goals are more likely to be met when you understand the nature and limitations of counseling. **Please initial each line and sign at the bottom of the page.**

How Treatment Can Help

_____ Counseling is most helpful in assisting individuals when the client is taking responsibility. This includes the following: 1 – Being committed to change; 2 – Attending all of your scheduled appointments; 3 – Following through with assignments/tasks given to you by your therapist. You decide the nature of the changes you wish to make.

Confidentiality

_____ We commit to keeping complete confidentiality, unless we learn of situations which we are required by law to report. These include: intent to harm oneself; intent to harm someone else; abuse of a child, or abuse of a vulnerable adult. Included in the registration packet is a Release of Information Authorization. LSC cannot release any confidential information without this signed authorization form, unless required by law.

Payment for Services

_____ Our fees for services are \$100.00 for 50 minute sessions, \$115.00 for 50 minute interactive sessions, \$135.00 for a 60 minute initial assessment, and \$155.00 for a 60 minute initial interactive assessment, and \$50.00 for 90 minute group sessions. We require that payment, or co-pays for insurance, be paid on the day that the service is provided. When requested, we can assist in billing for insurance or authorized payments from other sources. You should be aware that insurance companies require diagnostic labels and sometimes additional information. Some insurance companies require that you contact them for pre-authorization. There will be a \$25.00 fee for returned checks. A \$20.00 service fee will be added to your bill every 30 days the bill is unpaid.

Terms and Conditions

_____ If any legal action is necessary to enforce the terms of this agreement, the party in default or in breach hereof agrees to pay the other party's reasonable attorney's fees and court costs in addition to any other relief to which it may be entitled if client fails to pay any amounts owing hereunder when due, or otherwise breaches any terms of this Agreement. Customer agrees to pay up to 40% of collection expense incurred by Life's Solutions Counseling, LLC in attempting to collect such amounts from client, in addition to the aforementioned attorney's fees and costs.

Cancellation of Appointments

_____ If it is necessary to cancel a scheduled appointment, a 24 hour notice is required. If an appointment is missed or you fail to cancel at least 24 hours in advance, except in an emergency situation, you will be charged \$50.00. This fee will be charged to the client or patient only, not the insurance company or other sources of payment. Payment of the missed session will be required prior to attending a future session.

Dignity and Concerns

_____ Each individual has the right to be treated with respect and dignity. Discrimination of any sort is not tolerated by our agency. If you feel discrimination exists or you have any other concerns, please call or make an appointment with Aimee Francom, who will assist you.

Supervision of Children

_____ Children must have adult supervision at all times in the office. Please bring another adult with you to watch your children if you are going to be in a session.

Benefits and Risks

_____ Most individuals experience improvement and healing over the concerns that brought them to counseling, but of course there is not a guarantee and there may be some risks involved. Opening the door to painful issues can sometimes cause discomfort. On the other hand, gaining a greater awareness can lead to a path of healing.

Signature of Client or Legal Guardian, if Minor

Date

