



**Description of Counseling**

In counseling, you and a trained mental health professional work out strategies for handling problems of daily living. Counseling can lead to personal growth through clarification of your thoughts and feelings about yourself, others and events in your life. Counseling may involve discussing unpleasant situations which may temporarily produce emotional discomfort. If you find yourself becoming dissatisfied with the direction or progress of therapy, promptly discuss this with your therapist so that a change can be made to better meet your needs. Treatment may involve an individual, family, couple, or group depending upon the nature of the problem. Counseling may help you be better able to manage yourself, your emotions, your social and family relationships, and thus experience more satisfaction from life. The length of treatment varies depending upon the therapist, the client and the nature of the counseling concern. Generally, sessions are scheduled for once a week and last approximately 50 minutes.

**Statement of Confidentiality**

Except as required by law, information revealed during counseling and psychological testing will be kept confidential by your counselor and will not be revealed to any other person or agency without your written permission. No audio or video recordings will be made without your written consent. Your therapist may consult with other professionals regarding the best course of your treatment. In a very small number of situations, therapists are legally required to reveal information obtained during counseling to other persons or agencies without your permission. If any information is given out under these circumstance, you therapist will let you know of her actions. For example, if you threaten grave bodily harm or death to yourself or another person of property, your counselor is required to act in a responsible manner to inform or protect the intended victim. If a court of law issues a legitimate subpoena, your counselor is required to provide the information specifically described in the subpoena. If you are court ordered for counseling, the results of treatment ordered must be revealed in court. If there is child abuse, physical and/or sexual, you therapist is required to act responsibly.

**Fee Policy**

Fees are determined by a client’s ability to pay. Based on your reported annual income, your fee will be \_\_\_\_\_ per fifty minute session. Lengthy or repeated telephone calls will be considered as appointments and charged accordingly. Appointments made and not kept are subject to be charged at a full fee unless the appointment is canceled 24 hours in advance or is determined that a true emergency prevented the keeping of the appointment. Fees are due at the time of service. Special arrangements may be made on an individual basis due to financial hardship.

I have read, understood, and agree to the policy as stated above.

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Client Name (Printed)

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Client or Responsible Party Signature

Date