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AGREEMENT FOR SERVICES

"Being aware that there may be a potential for emotional strains, stresses, and life changes as a result of counseling, I agree to enter the counseling process. I understand that this is not an emergency service. The counseling and/or therapy services being provided are the sole responsibility of my counselor."

STATEMENT OF CONFIDENTIALITY & PRIVILEGED COMMUNICATION

All matters disclosed in session are kept confidential. Arkansas State law mandates the reporting of any suspected child or elder abuse to the proper authorities. Information regarding one's intentions to do harm to themselves or others will also be grounds upon which confidentiality may be broken. Every effort will be made to resolve the issue before such a breach in confidentiality takes place. In the case of a court subpoena, permission must be given in writing for any counseling records to be released to the court.

FEES & SESSIONS

All fees are due at the beginning of each session. Sessions are usually 50 minutes in length. The initial session may last for an additional 30 minutes in order to complete all paperwork required and is for the purpose of determining if both parties agree that a counseling relationship is needed. Although the number of sessions may vary, goals are generally accomplished within 10 sessions. Additional sessions will be scheduled as needed. If you need to cancel a session, 24-hour notice is requested in order to avoid being charged for the session. **Session fee _____.**

"By my signature below I am acknowledging that I have read the information above and understand the rights and limits of confidentiality. I also agree to abide by the policies stated above and accept full responsibility as a therapeutic client. I accept financial responsibility for fees during the course of therapy."

X_____	_____	_____
Client	Client	Date
_____	_____	_____
Counselor/Therapist	Parent/Guardian	Date