Professional Counseling Agreement

Welcome to New Day Counseling. We are pleased Please read the following professional counseling s	
notice, New Day Counseling and my therapist reserved no notification. In addition, frequent cancellations, 1 (30) days may lead to termination of therapy by letteral understand that at no time will an outstanding fee-f	e the type of service I need or request, I will be referred ling strives to be responsible and professional in the ect the professional of my choice. Furthermore, New t provided by the referred professional. agree to pay all debts for counseling sessions, testing, to below. t \$ The initial intake session will cost appointment begins. If I choose to pay by personal k for "insufficient funds", a charge of \$25.00 per erstand if this should occur, personal checks will no ished fee if I do not cancel my appointment at least least if I miss two or more sessions without giving 24 hourses the right to terminate our therapy relationship with no-shows, or no face-to-face contact within thirty er or phone call. If or-service balance of more than \$50.00 be allowed and nated until sufficient payment is received to place my unseling sessions will not be disclosed to any outside quired by law (e.g., where my therapist reasonably tive measures are taken, where I present a serious aspicion of abuse of children or elderly persons). As or may consult with or receive peer supervision from
I have been given a copy "Clients Rights and Information," at I consent to mental health treatment as recommended by my to development of my treatment plan and that I am free to withd	therapist. I understand that I will participate in the
I have read the above and understand its contents. I agree to	abide by the provisions set forth above.
Client's Signature	Date
Therapist's Signature	Date