

## EMPOWERNET COUNSELING AGREEMENT AND CONSENT

The goal of Empowernet Counseling is to offer holistic and professional counseling to individuals, couples, children and families in an objective and understanding atmosphere. The counselor will work to the best of her ability to help you develop, heal, grow and pursue excellence. It is ultimately your responsibility for the outcome of counseling.

I understand that all information shared in counseling will be kept strictly confidential as the law allows. I understand that if the counselor determines a threat of harm/violence (including child abuse/abandonment/neglect, or elder abuse) to myself or to another person, the appropriate individuals and authorities will be notified in accordance with the law. I understand that information shared in counseling can also be released with written permission from the client or the client's guardian, or by court order. I understand that my counselor may consult with other professionals, who are also required to maintain confidentiality, to ensure the provision of effective treatment services. I understand that this consultation will not compromise my identity or confidentiality.

I am responsible for any and all indebtedness incurred as a result of services rendered to me or those under my guardianship by this therapy and I personally guarantee any payments for services will be paid when due. I agree to hold harmless my counselor, Karen L. Brown, MS – LMFT, from any claim for damages of any nature arising out of, or allegedly due to, any therapy, counseling, or service rendered. I accept full responsibility for any decision I make regarding my life.

I understand that on-call services are not provided. If I am extremely emotionally distressed or feel that I am in danger of hurting myself or someone else, I will call 911 for assistance and utilize that crisis hotline which is available for use at any time.

I understand that payment is due on the date that services are rendered. Counseling sessions last approximately 45 minutes. Extended sessions are available upon request. The fee for in-office sessions is \_\_\_\_\_ and is due at the beginning of each session. Sessions can be also be arranged via phone conference if desired. Counseling communications via phone conference or electronic mail will be charged at the prevailing rate for a 30 minute minimal charge. I understand that any legal matters or issues arising in the future that require the input or communication of the counselor such as phone conferences, depositions, written communications, court appearances or records requests shall be billed at the rate of \$350.00/hr.

I agree to keep scheduled appointments and to pay the agreed upon fee. A \$ 40.00 fee will be charged to my account for any check that is returned by my bank for non-payment. I understand that cancellation of an appointment must be made at least 24 hours prior to the scheduled appointment time to prevent being billed for the scheduled full session fee.

Outside assignments may be specified by the counselor for the purpose of directing the client toward development of mind, body and spirit and are regarded as a necessary part of healing.

\_\_\_\_\_  
Client/Guardian Name Printed

\_\_\_\_\_  
Client/Guardian Signature

\_\_\_\_\_  
Date

E-mail address: \_\_\_\_\_

Phone: \_\_\_\_\_