Stacy Lynskey
LCPC, Psychotherapist

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CONTRACT FOR SERVICES

1. *Credentials*:

   - I am a Licensed Clinical Professional Counselor holding the degree of Masters of Pastoral Counseling from Loyola University. I am committed to providing caring and professional mental health care to all of my clients.

2. *Client Rights and Important Information:*

   - You are entitled to receive information about my methods of therapy, the techniques I use, the duration of therapy (if I can determine it), and my fee structure.
   - Generally speaking, the information provided by and to a client during therapy sessions is legally confidential, meaning that the therapist cannot disclose confidential information without the client's consent. Noted exceptions to this general rule are:
     - When a client discloses intentions or a plan to harm him/herself or others;
     - Information concerning abuse of children or vulnerable adults; and
     - When a court order requires release of client records.

3. *Fee Information:*

   - I, _____, have been informed of the fee structure and agree to pay the following fee for services:

     - 45-50 Minute individual therapy session $120.00

   - I understand that payment is due at time of services and that a statement will be provided at the end of each month which can be submitted for insurance reimbursement.

By signing below, I acknowledge that I agree with the above and that I have received copies of the Fees and Insurance Information and the Notice of Privacy Practices.

_____ _____
(Client's Signature) (Date)

_____ _____
(Clinician's Signature) (Date)