

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. *Confidentiality:*

- 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:

○ 60 Minute Initial Evaluation	\$175.00
○ 55-60 Minute individual therapy session	\$150.00
○ 45-50 Minute individual therapy session	\$135.00
- I understand that payment, or copay, is due at time of service.
- **CANCELLATION POLICY: Please note that my full fee will be charged for missed appointments and cancellations of less than 24 hours notice unless I can re-schedule with you within the same calendar week. Thank you for honoring this policy.**

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

Client signature

Date