

THERAPY AGREEMENT



It is important that you understand your rights and obligations relating to your counseling experience. Carefully reading the information below will help you avoid any subsequent surprises. Please feel free to discuss any question you have concerning this information with your therapist.

About your therapist:

- 1. Your therapist is: Gloria Haywood
 - A) A Licensed Marriage and Family Therapist
 - B) A Registered MFT/LCSW Intern
 - C) A MFT Trainee
 - D) A Pastoral Counselor

2. If your counselor is not presently licensed, he/she is under weekly supervision with a licensed supervisor. The exception is the Pastoral Counselor.

About your counseling sessions:

- 3. Your counseling session will be 45-50 minutes for a full session.
- 4. Estimated term of therapy is 10 sessions. (You are not obligated to any number of sessions).
- 5. The therapy fee is \$110 (Individual/Couple), \$120 (Family, 3+) or \$ _____ (copay/deductible)

MEANS OF PAYMENT: Cash/Check/Credit Card/Co-Pay or Deductible for Insurance to be paid at the *beginning* of each session. Checks are payable to: **Healing Logos Christian Family Counseling, Inc.**

- 6. On occasion, your therapist may deem it necessary to utilize particular testing instruments to expedite and enhance the quality of treatment. An Additional fee will be charged for each test administered. Please see Informed Consent regarding insurance information.
- 7. **APPOINTMENTS MUST BE CANCELED 24 HOURS IN ADVANCE, OTHERWISE A FULL SESSION CHARGE WILL BE MADE DIRECTLY TO THE CLIENT.**
- 8. You may leave a telephone message for your counselor at (909) 726-5042.
- 9. Audio or video taping of your session may be conducted, upon occasion, *only* if you are seeing a pre-licensed MFT or LMFT/LCSW. Permission must be given by the counselee on appropriate consent forms prior to any audio or videotaping.
- 10. According to California laws any kind of sexual contact, or asking for sexual contact, or sexual misconduct by a psychotherapist with a client is **ILLEGAL** as well unethical (business & Professional Code Section 726, 728, and 498k) **About your financial responsibilities:**
- 11. I, the undersigned, hereby understand that payment of each session is due at the *beginning* of each session unless other arrangements are agreed upon in writing. The charge for a returned check is \$20.
- 12. I, the undersigned, have read and fully understand the responsibility of this agreement. I have received a copy of this agreement and herein agree to abide by all the conditions set forth above.

(Client Signature)

(Date)

(Client Signature)

(Date)