Professional Counseling Agreement

Welcome to New Day Counseling. We are pleased to be able to serve you and your family. Please read the following professional counseling service terms.

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Description of Counseling Services

New Day Counseling provides mental health counseling for adults, children, couples, families, and groups. New Day Counseling adheres to the American Counseling Association and National Board of Certified Counselors Code of Ethics and Standards of Practice.

Referral Policy/Disclaimer

I understand that if New Day Counseling is unable to provide the type of service I need or request, I will be referred to an appropriate outside agency. Though New Day Counseling strives to be responsible and professional in the referral procedure, it is my full right and responsibility to select the professional of my choice. Furthermore, New Day Counseling is not liable for any services provided or not provided by the referred professional.

Counseling Fees/Cancellation Policy

For counseling services rendered at New Day Counseling, I agree to pay all debts for counseling sessions, testing, and other customary charges in accordance with the terms set below.

- I acknowledge that each 50-minute session will cost $_____. The initial intake session will cost _____.
- I agree to pay my fee-for-service charge *before* each appointment begins. If New Day Counseling accepts payment by check and I pay by personal check, and if the said check is returned from the bank for "insufficient funds", a charge of $25.00 per returned check will be added to my account. I understand if this should occur, personal checks will no longer be accepted.
- I understand that I will be billed 100% of my established fee if I do not cancel my appointment at least ***twenty-four (24) hours in advance.*** I understand that if I miss two or more sessions without giving 24 hour notice, New Day Counseling and my therapist reserves the right to terminate our therapy relationship with no notification. In addition, frequent cancellations, no-shows, or no face-to-face contact within thirty (30) days may lead to termination of therapy by letter or phone call.
- I understand that at no time will an outstanding fee-for-service balance of more than $50.00 be allowed and that therapy may be temporarily suspended or terminated until sufficient payment is received to place my outstanding balance below this amount.

Confidentiality

Counseling is confidential. Information obtained during counseling sessions will not be disclosed to any outside persons or agencies without your permission except when required by law (e.g., where my therapist reasonably believes that I am in danger of harming myself unless protective measures are taken, where I present a serious danger of violence to another, or where there is reasonable suspicion of abuse of children or elderly persons). As part of the counseling process, I understand that my counselor may consult with or receive peer supervision from another professional in order to insure the quality of care for my counseling experience.

Client Rights

I have been given a copy "Clients Rights and Information," and I have read and understood its contents.
I consent to mental health treatment as recommended by my therapist. I understand that I will participate in the development of my treatment plan and that I am free to withdraw my consent and discontinue treatment at any time.

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