

**Thank you for choosing Marjetta V. Gulley, LCSW as your counseling provider. In order receive optimum service, please carefully review the following information.**

**Please acknowledge your understanding and acceptance by signing and initialing where indicated and complete the attached Pre-Counseling Profile.**

### **COUNSELING GUIDELINES**

- 1) The duration of counseling is 50-60 minutes per session depending on individual service requirements and restrictions.**
- 2) The typical counseling session fee is \$135.00 per session. Should the session run past the allotted time, you will be charged \$25.00 for each additional 15 minute interval.**
- 3) Payment is due at the beginning of each session.**
- 4) An appointment represents time set aside personally for you. MISSED APPOINTMENTS ARE BILLED AT AN HOURLY RATE when they are not canceled 24 hours in advanced.**
- 5) Any telephone calls made, or correspondence done by the the therapist on behalf of the client will be billed at an hourly rate.**

**Letters requested from therapist require a processing fee. Letters began at \$25.00 and moves up depending on time requirements.**

**This counselor does not provide letters for (or testify) in court. If you need a counselor who does, a referral list of counselors who work with the courts can be provided if requested. Please initial to indicate understanding. \_\_\_\_\_**

### **WAIVER OF LIABILITY AND CONFIDENTIALITY**

**including HIPPA standards**

**Please sign to indicate awareness that all statements made in sessions are of confidential nature, including all written information, and ethically may not be disclosed without clients written consent with the following exceptions that result in confidentiality being waived:**

- a) Counselors working with adults and children may be encouraged or required by law to disclose any harm someone may attempt or desire to do to one's self or others or any reasonable suspicion of physical or sexual abuse being done or having been done to a minor child. Information must be disclosed to the appropriate person, agency or civil authority. This counselor is required to report as detailed above.**
- b) Insurance companies and/or third parties may and are often privy to client's information for the purpose of payment for services. Information may be used and disclosed so that we or others may bill and receive payment from you, insurance companies or third parties.**
- c) To insure the highest quality of service and in the best interest of the client, your counselor may find it necessary and reserves the right to consult with another professional regarding your treatment. This consultation will be held in strict professional confidence.**

**By signing below, I acknowledge to my counselor that I have read, understood and agree to the Counseling Guidelines the Waiver of Confidentiality, and that I accept the stated conditions & limits of confidentiality. I acknowledge responsibility for all fees incurred should collection of my account be necessary. I will be responsible for all cost of litigation including attorney fees.**

**Your Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Counselor's Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**