



OFFICE POLICIES & GENERAL INFORMATION

CONFIDENTIALITY: All information disclosed within sessions, including that of minors and dependent adults, is confidential and may not be revealed to anyone without written permission, except where disclosure is permitted or required by law. Disclosure may be required in the following circumstances:

- When there is a reasonable suspicion of child or elder abuse or neglect.
- When the counselor has a reasonable belief that the client may be a danger to him/herself, others or property of others.
- When the client communicates a serious threat of bodily injury to others or himself.
- When disclosure is otherwise required by law.

I willingly release and hold harmless Gate to Freedom Christian Clinical Counseling Ministry, their agents and employees, from claims of loss, damage, and harm that may arise as a result of the disclosure of the above information.

Initial: _____

PAYMENT: Unless otherwise agreed, clients are expected to pay the standard fee of \$100.00 per one hour session at the end of each session. You may pay by cash, check, credit or debit card. Having the check made out before you come to the counseling session will insure that your therapy time is not taken up with check writing.

LITIGATION CHARGES: If I am required to attend a deposition, hearing or other legal proceeding in the capacity of your current or past counselor/therapist, you will be billed at \$200 per hour for my time, including preparation, telephone time, travel time, and time spent at the legal proceeding.

APPOINTMENTS AND CANCELLATIONS: Sessions are typically scheduled to occur **one time per week at the same time and day if possible**. I may suggest a different amount of counseling depending on the nature and severity of your concerns. Your consistent attendance greatly contributes to a successful outcome. In order to cancel or reschedule an appointment, you

are expected to notify me at least 24 hours in advance. If an appointment is missed or cancelled with less than 24 hours notice, you will be billed your normal fee.

Initial: _____

Petya Lalane, Christian Clinical Counselor, Marriage& Family Therapy

Gate to Freedom, (818) 425 2182 petya@gatetofreedom.org

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact me between sessions, please leave a message and I will get back to you as soon as I can. If an emergency situation arises and you need to talk to someone right away, please call suicide prevention hotline (877) 727-4747 (toll free), or the police (911). All of these resources are available 24 hours a day.

This agreement is between Petya Lalane, Christian Clinical Counselor and client/s named below:

Please print and sign below to confirm that you have read, understood, and agree to comply with the above office policies.

Client: NAME _____ DATE _____

SIGNATURE _____

Additional Client:

NAME _____ DATE _____

SIGNATURE _____

If client is under 18:

PARENT/GUARDIAN

NAME _____ DATE _____

SIGNATURE _____