Counselor Agreement

Instructions

1. *Read this form*
2. *Type your name and today’s date where indicated*
3. *Copy the full text of this document including your signature and date*
4. *Paste into an e-mail*
5. *Send the email to me at* *merlemullins@msn.com**,*

*Subject: Counselor Agreement – your name.*

General Counseling Agreement

I understand that all of forms counseling (face to face, phone counseling, and e-counseling) may include examining difficult topics and times of my life, experiencing stronger than usual emotions, and trying new behaviors.

I recognize that desired results and outcomes of this therapy are not guaranteed.

I grant permission for Merle Mullins, LCSW LMFT (herein after referred to as “Merle”) to diagnose, counsel, and begin my treatment.

Confidentiality Agreement

I understand that my identity as a client and the disclosures that I make to Merle while working with him are private and protected. (This means that Merle will not reveal to others that you are a client of his or share anything that you say with anyone else) If you would like Merle to reveal your status as a client, or you would like to share information with a third party, you will be asked to sign an agreement waiving your right to confidentiality for that specific case. Additionally, if two or more adults attend therapy together, each adult that attended sessions must sign a release of information for Merle to release case records.

Legal Limits to Confidentiality

There are certain situations which can arise in which disclosures made to Merle cannot be kept strictly private due to professional ethics or law. The following bullets describe these situations.

* You indicate that you are in serious and immediate risk of harming yourself or someone else.
* You indicate that you are involved in the abuse of a minor child, an elderly adult, or a disabled person.
* Merle is ordered to release information by subpoena.
* You indicate that you were sexually abused by another licensed mental health professional.

I agree that, in the event that Merle is compelled to disclose information, I will not assert any claim against Merle as a result of such disclosure, and I hereby waive any right to make such a claim.

Electronic Communication

I understand that with all electronic communication methods for counseling Merle is only responsible for securing the confidentiality of environments he controls.

I acknowledge my responsibility to decide how and if I will protect the confidentiality of my conversation from my side of the electronic communication.

I affirm that I will not contact Merle with a form of electronic communication that I do not want Merle to reply to using the same interface, and to the same address I sent the communication from.

I understand that Merle cannot be responsible for intervention in the event that I am in crisis, suicidal, or require hospitalization. I agree to take full responsibility for planning in advance what I will do if I am in need of emergency emotional support, including knowing how to contact my local crisis or emergency hot-line.

Fee

I affirm that the fee and the payment policies have been discussed with me, and a fee of $125 per 50-minute session has been set. I agree to give at least 24 hours advance notice should I decide to cancel an appointment. I understand that there is a service charge in the amount of the fee for missed appointments if cancelled less than 24 hours in advance. I agree to accept financial responsibility for charges I may incur during the course of therapy.

Medical Release

My signature below also authorizes the release of any medical or other information necessary to process health insurance claims and coordinate care with my insurance provider, if I am using health insurance to pay for these services. My signature below also authorizes payment of medical benefits to Merle Mullins for the services he provides in the course of my treatment.

Consent

I have read, understood, and agree to the above statements. Merle has answered all of my questions concerning these agreements and affirmations.

By copying the text of this page and emailing it to merlemullins@msn.com with my typed signature I confirm that I consent to the terms and conditions set out in this agreement. I agree that this act shall be interpreted as constituting a signature of consent to the terms and conditions set out in this document for legal purposes.

\_Type your full name here \_ \_\_ *DD/MM/YYYY*\_

Client or Authorized Person’s E-signature Today’s Date