



Client Agreement, Indemnity & Consent Form

I/We, _____, have applied for counseling services with Janelle L. Williams, LPC for myself/ourselves and the following persons for whom I/we am/are a legal guardian:

I/We understand that **all clinical information will remain strictly confidential** unless the appropriate releases are signed by me/us allowing access to other service professionals as indicated, except where it becomes necessary to use basic information (name, address, amount owed for services rendered etc.) in the collection of overdue accounts.

I/We understand that all information will be held in strict confidence. I/We will authorize release of information with my/our signature, or in these specific disclosures as required by law:

1. A present physical danger to self is indicated
2. A present danger to others is indicated
3. Child/Elder/Dependent adult abuse or neglect is suspected
4. If required by Order of Court, law, or similar legal directive

I/We understand that the initial counseling session is **80 minutes** in length and subsequent appointments are **50 minutes** in length unless otherwise agreed upon. I/we understand that **a 24-hour cancellation notice is required**, with the exception of emergencies which will be determined at the discretion of the therapist. **Failure to notify as required will result in a full session fee charged to your account.**

I/We understand that there will be a \$30.00 fee for NSF checks.

I/We understand that phone consultation and documentation necessitating longer than 10 minutes will incur additional fees.

I/We give the therapist permission to contact me/us at home via phone and/or mail.

I/We **agree not to call or subpoena the therapist as a witness** in any legal proceedings. If I/we call or subpoena the therapist or any member of the therapist's staff in any legal proceedings, I/we agree to be responsible for and pay a rate of \$200.00 per hour for any time incurred, including but not limited to time for travel, preparation, attendance, and testimony incurred for the legal proceedings, plus any and all other related expenses, including but not limited to lost wages, mileage, parking, copying, fines, and other expenses incurred. Client also understands and acknowledges that legal proceedings may be commenced against client to recover for breach of these provisions and payment of the rates and expenses as outlined herein.

I/We agree to indemnify and hold harmless Janelle L. Williams, LPC from any claims, actions, damages or suits arising from or relating to any counseling, instruction, or advice rendered during services provided.

I/We have read the above information carefully, understand its contents, and agree to receive services for myself and/or any child under the age of 14 under these conditions.

Client Signatures: *(14 yrs. or older)*

_____ Date _____

_____ Date _____

Witness Signature: _____ Date _____