

MINDFUL COUNSELING AND WELLNESS
Rebecka Van Heden, LCSW

THERAPY AGREEMENT

I (We) understand that counseling services are strictly confidential with the following exceptions:

- A legitimate subpoena by a court of law requires the release of information specified by the subpoena
- Statements of intent to harm oneself or another may result in the notification of the appropriate authorities and or intended victim(s).
- Information concerning suspected child abuse or neglect or elder abuse must be reported as mandated by Florida Statute 415.504.
- Information regarding treatment of a minor without parental consent may be shared with the parents(s), legal guardian(s), or legal authority, with authority over the minor.

All information concerning clients being seen at Mindful Counseling and Wellness is to be kept strictly confidential. This form provides permission for Rebecka Van Heden, LCSW to send reminder texts, and/or phone calls to the phone number provided to confirm or reschedule appointments. Texts will be used solely for scheduling appointments and reminders. Please do not respond with any personal information.

- Payment for services rendered is due at the time service is rendered.
- **Cancellation** of a scheduled appointment must be made at least **24 HOURS IN ADVANCE** of the appointment, or there will be a **\$25.00** charge for the missed appointment.
- Credit cards will be stored for payment.
- Additional fees may be charged for phone calls, reports, or other services provided at the request of the client or the client's authorized representative.

I (We) request the following therapy services for myself (ourselves) and our children:

Individual/Family/ Psychotherapy

EMDR

Telehealth

I (We) understand and agree to the above conditions. I am open to exploring therapeutic interventions offered.

Client Signature

Date

Signature of Legal Parent or Guardian

Date