Braun Counseling Services LLC

Diane Braun LIMHP, LMHP, LADC, CPC

Client Attendance Agreement

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Client Name Date of Birth Client Number

* I understand that my attendance is critical to my treatment at Braun Counseling Services.
* I understand that if I cancel a scheduled appointment, I must do so 24 hours in advance.
* Appointments canceled less than 24 hours in advance may be considered a late- cancelled appointment.
* I understand that if I miss a scheduled appointment without proper notification, I may be discharged from treatment.
* I understand that if I miss or late-cancel two (2) appointments, I am automatically on notice that a third (3rd) missed or late-cancelled appointment may result in my immediate discharge due to non-compliance.
* I understand that discharge from therapy as a result of non-compliance may result in my therapist informing my parole/probation/drug court officer or case manager of my discharge.
* I understand that discharge for non-compliance means that I may not be able to access treatment for at least three months.
* I understand that if I fail to schedule appointments on a consistent basis, or have not been seen for therapy in sixty (60) days, my therapist will assume that I no longer wish to receive services and will close my file.

I understand and agree to follow the client attendance agreement and further understand how failure to comply can affect my ability to access treatment services.

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Signature of client or guardian Relationship to client Date

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Signature of therapist Date

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Signature of Interpreter Date