

**ARMAND HOWARD MA, LPC**  
**INDIVIDUAL, COUPLE, FAMILY & GROUP TALK THERAPY SERVICES**

I, \_\_\_\_\_, choose to enter a talk therapy with Armand Howard LPC. I agree to attend sessions punctually and consistently and to prioritize the work of the process both in and between sessions. I further agree to:

**(Please initial next to each item below to indicate that you have read it and that you understand fully.)**

- \_\_\_\_\_ A fee of \$ \_\_\_\_\_ per 50 session to be paid via cash or Zelle before or immediately after session.
- \_\_\_\_\_ Any fee less than \$200 per session is considered a discount and is subject to review and possible increase no less than every six months or upon adjustment in frequency of sessions. Discussion regarding fees is always welcome and encouraged for the sake of mutual sustainability.
- \_\_\_\_\_ Client is responsible for 50% of their agreed upon fee if cancellation/rescheduling does not occur more than **24 hours** prior to appointment.
- \_\_\_\_\_ Client authorizes nonclinical communication from third party practice administrator via email [ahlpccservices@gmail.com](mailto:ahlpccservices@gmail.com) and can send all cancellation, and “no show” fee related questions and concerns to the administrator at the same email address.
- \_\_\_\_\_ Client is responsible for all scheduling, rescheduling, canceling, and setting appointment reminders via TherapyNotes client portal.
- \_\_\_\_\_ Sessions are 50 minutes or less and end on time even when they start late.
- \_\_\_\_\_ Emergencies, crises, and diagnostic conditions other than mild to moderate depression, anxiety, and/or grief are beyond the scope of this service and are likely to require referral to a higher level of care.
- \_\_\_\_\_ Emotional discomfort is often part of the process, especially in the beginning of the therapy.
- \_\_\_\_\_ Check in process for in person appointments: park, text & wait in your vehicle until you receive an “all clear” text, then you may walk over, ring/knock once and immediately enter.
- \_\_\_\_\_ Virtual encounters require all parties to be in a safe, quiet space that is conducive to the work of therapy.
- \_\_\_\_\_ For the sake of confidentiality, nonscheduled public encounters may be initiated by client only.
- \_\_\_\_\_ Closure of the therapy process or transition to “as needed” sessions should include no less than one session.
- \_\_\_\_\_ Medication noncompliance, intoxication, and consistent missing of sessions are all grounds for termination.
- \_\_\_\_\_ The fee for participation in legal involvement is \$500 per hour regardless of outcome.
- \_\_\_\_\_ I have received a copy of the HIPPA privacy laws and informed consent for my review (available on website).

By my signature below, I am indicating that I have read and understand every section and every detail of this professional disclosure statement and contract, that any questions I have about this statement were answered to my satisfaction, and that I was furnished a copy of this statement. I verify the accuracy of this statement and acknowledge my commitment to conform to its specifications.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date