



## CONTRACT ACCEPTANCE FORM

Date \_\_\_\_\_

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Alternate # \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Employer/School \_\_\_\_\_

How Did You Find Us? \_\_\_\_\_

Previous or Current Therapist \_\_\_\_\_

What is Therapy For \_\_\_\_\_

**I have read and agree to the Coaching Contract between The Healing Change, LLC and myself. This contract was presented to me via [www.thehealingchange.com/sessions](http://www.thehealingchange.com/sessions) or in-person. By signing this I agree to abide by all conditions outlined in the Coaching Contract with The Healing Change, LLC.**

I REALIZE THAT IF I DO NOT GIVE 24-HOUR NOTICE PRIOR TO CANCELLATION OF ANY APPOINTMENT THAT I WILL BE FULLY CHARGED FOR THAT APPOINTMENT. CONFIDENTIALITY IS LIMITED IN THE AREAS OF PLANNING A SUICIDE, HOMICIDE, REPORTING OF COMMITTING CHILD SEXUAL ABUSE OR A THREAT TO NATIONAL SECURITY.

\_\_\_\_\_

Client Signature

\_\_\_\_\_

Date