



**Informed Consent for Counseling Services:** Surf the Craving

**Client Information:** Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Counselor Information:** Name: Joshua Straschewski

Credential Number: B00003590824 Contact Information: contact@surfthecraving.com

**Purpose of Counseling:** The purpose of counseling is to provide a safe and supportive environment for clients to explore their thoughts, feelings, and behaviors. Counseling aims to help clients achieve personal growth, improve mental health, and develop coping strategies.

**Confidentiality:** All information shared during counseling sessions is confidential and will not be disclosed without the client's written consent, except in the following circumstances:

- If there is a risk of harm to the client or others.
- If there is suspected abuse or neglect of a child, elderly person, or dependent adult.
- If required by law or court order.

**Session Structure:**

- Session length is dependent on the specific service selected upon booking.
- The frequency of sessions will be determined collaboratively between the client and counselor.
- Clients are expected to arrive to sessions in a timely manner, and call the counselor in the event that they are running late.

**Fees and Payment:**

- The fee for each session is dependent on the specific service selected.
- Payment is due once the session is scheduled. Deposit is included in payment.
- Accepted form of payment is credit or debit card.
- A 24-hour notice is required for cancellations. A full refund will be issued if cancellation occurs 24-hours *prior* to scheduled session.
- Cancellations occurring *within* the 24-hours prior to a scheduled appointment, are eligible for a partial refund. The deposit paid during the time of scheduling an appointment is retained.
- Rescheduling an appointment warrants no refund, partial or otherwise.
- If a client wishes to reschedule an appointment, and then later decides to cancel their appointment altogether, then the deposit will be retained by the counselor and the remaining cost of the booking will be refunded to the client.

**Client Rights:**

- Clients have the right to ask questions and receive information about their counseling.
- Clients have the right to terminate counseling at any time.
- Clients have the right to be treated with respect and dignity.

Consent: By signing below, I acknowledge that I have read and understood the information provided in this Informed Consent document. I agree to participate in counseling services and understand my rights and responsibilities as a client.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor Signature: Joshua Straschewski Date: \_\_\_\_\_