

Client Services Agreement Name of Client: Name of Responsible Party (if different):

TREATMENT: I understand that I must be committed to attend sessions on a consistent basis in order to receive the greatest benefit from counseling. Although I may stop counseling at any time, I agree to inform my counselor of my decision prior to my last visit. If my counselor believes that I can receive more effective treatment elsewhere, I will be given referrals. I understand that I may not attend a session if I am under the influence of alcohol or drugs, or if I am in possession of a dangerous weapon. My signature below indicates my desire and consent to receive mental health services from My Father's Business LLC

Signature: _____

Date: