

## CLIENT CONTRACT

I, \_\_\_\_\_, MAKE THE FOLLOWING CONFESSIONS:

1. I HAVE AGREED TO CONFIDENTIALITY, TO THE EXTENT THAT, I AM AWARE THAT IF I REPORT IMMINENT RISK OF HARM TO MYSELF OR OTHERS MY COUNSELOR IS REQUIRED BY LAW TO MAKE THIS REPORT.
2. THE PAY WILL BE WEEKLY AT THE COST OF: \_\_\_\_\_.
3. I AM THE CLIENT, OR THE LEGAL GUARDIAN OF THE CLIENT RECEIVING PROFESSIONAL COUNSELING SERVICES. (CIRCLE AN OPTION)
4. I UNDERSTAND THAT, I AM ABLE TO SEE ANOTHER COUNSELOR, AT ANY TIME, AND THAT THIS CONTRACT IS NOT BINDING IN TIMEFRAME, AND THAT I DON'T NEED TO STAY FOR ANY SERVICES BEYOND WHAT I AM COMFORTABLE WITH.

WRITTEN (FIRST/LAST NAME): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_