

**AGREEMENT OF SERVICES**

I, \_\_\_\_\_, the client, agree to meet with a clinician at Center Street Center at the appointment times and places we agree on, beginning \_\_\_\_\_ for approximately \_\_\_\_\_ sessions of 50 minutes each.

I have read the following materials checked off, which have been provided to me by this clinician:

- Agreement for Counseling Services (Video, Young Adults, or Adults)
- Credit Card Authorization Form
- Client Intake Form
- Financial & Payment Policy
- Informed Consent for Counseling
- Notice of Privacy Practices
- 48 Hour Cancellation Policy

After reading the above materials, I understand the practice policies of Center Street Center. I understand that the clinician will be discussing any concerns or questions I may have at our initial meeting. I further understand the following:

1. We will discuss the matter for which I am seeking counseling services,
2. We will focus on working toward obtainable goals,
3. I understand that reaching these goals is not guaranteed,
4. I understand that counseling will take hard work and homework on my part.

With enough knowledge, and without being forced, I enter into counseling with a clinician at Center Street Center. I will keep my clinician fully up to date about any changes in my feelings, thoughts, decisions and/or behaviors for which I am seeking services. I expect us to work together on any difficulties that occur, and to work them out in my long-term best interest.

At the end of four (4) sessions, we will evaluate progress and may change my goals as needed. My goals may have changed in nature, order of importance, or definition. If I am not satisfied by my progress toward goals, I may stop treatment after providing the clinician (or Director) at least 7 days' notice of my intentions and meeting with the clinician for one last time.

This agreement shows my commitment to pay for counseling services. It also demonstrates the clinicians willingness to use and share his/her knowledge and skills in good faith. I agree to pay for each session based on the rates provided to me and to pay at the beginning of each session. I agree to pay for appointments not cancelled or those where I fail to give required notice (minimum 48 hours) that I will not attend. The only exceptions are emergencies or crisis situations arising suddenly. I understand and accept that I am fully responsible for this fee. I understand that this agreement will become part of my record of treatment.

My signature below means that I understand and agree with the information provided above.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

I, the clinician at Center Street Center, has discussed the issues above with the client. My observations of this client's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date