

Hope and Healing of Pinellas, LLC

INFORMATION FOR CLIENTS

Welcome to our practice. We appreciate the opportunity to be of help to you. The following is intended to answer questions that clients often ask about counseling. We believe our work will be most helpful to you when you have a clear idea and what you can expect.

- What the risks and benefits of counseling?
- How often will sessions take place?
- Length of each session?
- What is the fee for service?
- If I need to cancel an appointment, will I be charged?
- Limits of confidentiality with adults and children
- Guidelines for social media
- Preference of how we can contact you i.e. phone, email, text
- Calls are accepted between 8am and 6pm
- Texting for confirmation / cancellation policy
- **In event of a crisis, please call 911. This office does not have after hours or weekend coverage**

I have read, or have had read to me, the parameters and points in this form. I have discussed those points with the LCSW and have had my questions, if any, fully answered. I agree to act according to the points covered above. I hereby agree to enter into therapy with the Licensed Clinical Social Worker and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client (or person acting for client)

Date:

Printed name

Relationship to client: Self _ Parent _ Legal guardian
 Health care custodial parent of a minor (less than 14 years of age)
_ Other person authorized to act on behalf of the client - specify