



Penisher Roberts, MA, LMHC, NCC
Emotional Wellness and Relationship Therapist

This is a contract to inform you of your rights to confidentiality, and your responsibilities as a client in a therapeutic relationship.

- Confidentiality is held at its strictest level during every therapeutic session. However, if you the client express information that can be harmful /threatening or pose as a danger to yourself or someone else. Confidentiality will be broken, and I am obligated to report such information to the authorities.
- If I have reason to believe that a child or other vulnerable adult is been abused by you in any way, or if you report such information, I am obligated to report this information to child protective services or other agencies including the authorities..
- A 24 hour cancellation policy is strictly enforced, if you have not cancelled your appointment within this time frame, you will be responsible for the charges, and your credit card on file will be charged a rate of \$200.00 per session, for individual therapy and \$250.00, for Couples Therapy. If you pay with insurance, your plan will not cover this charge.
- If your insurance carrier denies your coverage during sessions, you will be responsible for the charges at the above stated rate.
- Client and therapist will work together to bring about change, based on client's desired stated goals for therapy. Homework may be assigned if applicable, and client is expected to complete such assignments prior to next session.

CLIENT CONSENT

I have read the above statement, had sufficient time to be sure that I have considered it carefully, have asked questions and understand clearly the limits of confidentiality required by law. I am signing this consent at my own will.

Print name----- Sign name-----

Today's date-----