



# Informed Consent for Therapy Services

## Client Service Agreement

Name \_\_\_\_\_ Date \_\_\_\_\_

This form acknowledges that you have requested professional services from me and have received a copy of the Informed Consent for Services. This letter sets forth the agreement concerning our understanding of such services.

1. Our conversations are confidential. The only times that I may share information is with my supervisor and excepting situations outlined in the informed consent and per Illinois Law requirements in order to protect the safety of you and/or minors in your care.
2. You are entitled to receive information from me about my counseling methods, techniques, education and credentials. You have the right to stop talking to me at any time, and/or to seek a second opinion about your concerns.
3. We both understand that it is never permissible for a sexual relationship to develop between a client and a therapist.
4. Payment is expected at the time of service and should be given to me. Cash, check or credit card is acceptable.
5. Your Fee for services will be: (to be determined)\_\_\_\_\_
6. Your fee can be renegotiated based on changes in your economic situation. If a fee is adjusted, a new service agreement will need to be completed.
7. You will be charged for missed appointments cancelled less than 24 hours in advance. Failure to keep two consecutive appointments, without telephone contact, may result in your time being given to another client.
8. In case of emergency please contact (on file)\_\_\_\_\_

I have received the Informed Consent for Services referenced on this page. I agree to read the contract and to bring any questions about its contents or general concerns to my therapist's attention. In addition, I may contact The Claret Center and speak with the Executive Director at 773-643-6259 x11 if I have any questions or concerns.

Client 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Client 2 Signature (if couples counseling)\_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (if client is under 18)\_\_\_\_\_ Date \_\_\_\_\_

Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_