

Agreement for Individual Counseling

I, the client, agree to take part in individual counseling with Tom McCabe, MA, LPC.

I also agree that if I ever become involved in legal proceedings (such as divorce or custody disputes, injuries, lawsuits, etc.), neither I nor my attorneys, nor anyone else acting on my behalf will call on this counselor to testify in court or at any other proceeding unless otherwise agreed in advance with this counselor. I understand that this is necessary for effective counseling, so that I can feel free to disclose fully to this counselor.

I agree to pay for all of my counseling appointments with Tom McCabe, MA, LPC, including those I do not attend and those that I cancel with less than 24 hours advance notice. The only exceptions are unforeseen or unavoidable situations arising suddenly, as determined by this counselor on a case-by-case basis. I understand and accept that I am fully responsible for paying all of this counselor's fees in full; I also understand that I am fully responsible for any preauthorization or claims submission necessary to receive health care plan/insurance reimbursement for this counselor's services.

Client signature: _____ Date: _____

Printed name: _____

I, the counselor, have met with this client for a suitable period of time, and have informed him or her of the issues and points raised in this agreement and the policies and practices of my counseling practice. I agree to enter into counseling with this client.

Tom McCabe, MA, LPC

Date

This is a strictly confidential client health record. Redisclosure or transfer is expressly prohibited by law.