

## **Consent to Individual Counseling**

I understand that counseling may sometimes be uncomfortable or challenging and that there are no guarantees that counseling will satisfy my expectations or goals. I understand that my own commitment to express myself as bravely and as fully as possible in counseling is essential to success. I understand that I may stop counseling at any time and that Tom McCabe, MA, LPC may stop counseling if I cannot pay, if I am threatening or abusive, or if he believes that a different therapeutic approach would be more beneficial. I also understand that Tom McCabe, MA, LPC, is not able to provide emergency services or to guarantee that counseling appointments will be available at any particular time.

I 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 Tom McCabe, MA, LPC to testify in court or at any other proceeding unless otherwise agreed in advance with Tom McCabe, MA, LPC. 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 in full 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 Tom McCabe, MA, LPC on a case-by-case basis. I also understand that I am responsible for any preauthorization or claims submission necessary to receive health care plan/insurance reimbursement for this counselor's services.

Understanding and agreeing to all these points, I hereby consent to take part in individual counseling with Tom McCabe, MA, LPC.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

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