



Sessions Counseling Group

Client Agreement



At an appropriate time, your therapist will discuss his/her professional background with you and provide you with information regarding his/her experience, education, special interests, and professional orientation. You are free to ask questions at any time about your therapist's background, experience and professional orientation.

Your therapist is a Marriage and Family Therapist Registered Associate,

Name _____ California BBS # _____

and this practice is conducted under the supervision of a licensed mental health professional.

The clinical supervisor's names, license type and licensure are Gary D. Pearle, MFC 30246 and R.Brian Carlson, LMFT 50436

The name of this practice is Sessions Counseling Group, Inc. This practice is a Licensed Marriage and Family Therapist Professional Corporation and the individual therapist(s) who operate this practice are R.Brian Carlson, LMFT 50436 and Gary D. Pearle, MFC 30246.

Session Fees

Individual therapy session fee is \$_____.

Individual sessions are ____ minutes.

Marital /Family therapy session fee is \$_____.

Conjoint sessions will be a minimum of ____ minutes and may be extended to _____ minutes upon your therapist's discretion.

Fees are payable at the time that services are rendered. Please ask your therapist if you wish to discuss a written agreement that specifies an alternative payment procedure. Cash and check are accepted for payment. Please make checks payable to Sessions Counseling Group.

If for some reason you find that you are unable to continue paying for your therapy, you should inform your therapist. Your therapist will help you to consider any options that may be available to you at that time. Please discuss any questions or concerns that you may have about this with your therapist.

Your therapist will further discuss policies regarding confidentiality, no secrets, informed consent, scheduling and cancellation, therapist availability, methods of communication, process and termination.

Client Name (Print) _____ Signature _____ Date _____