Family God's Way
18720 Arbor Dr.
Lutz, FL 33548
813-997-6028

INFORMATION SHEET AND TREATMENT AGREEMENT

This agreement for counseling services between Family God's Way and

_____ shall govern all professional relations between the parties.

Counseling services are offered by Florida Licensed Mental Health Counselors Vickie Carver, M.A. (MH13251) or Virginia Pignato, M.A. (MH5550).

CONFIDENTIALITY: All therapeutic communications between the client and the counselor will be held in strict confidence. Information may be released in accordance with state law only when (1) the client signs a written release of information indicating informed consent to such release; (2) the client expresses serious intent to harm himself/herself or another clearly identified person; (3) there is evidence or reasonable suspicion of abuse of a minor child, elder person or dependent adult; or (4) a subpoena or other court order is received directing the disclosure of information. Although we cannot guarantee it, we will endeavor to apprise the client of all mandated disclosure. In the event of a medical emergency, emergency medical professionals will be contacted immediately.

COUNSELING FEES: The normal fee for a 50-minute session with a licensed psychotherapist in our community ranges from $75.00 - $150.00. The fee for your sessions will be $____ per session.

TELEPHONE CALLS: Counseling may not be conducted in a phone conversation.

I have read the above information and voluntarily request counseling services by Family God's Way. I agree with these terms and conditions.

Signature:_____Date:_____

If client is a minor, parent(s) must sign below authorizing counseling services.

Name of minor _____

Parent signature _____

Date: _____