Frederick Counseling LLC
120 W Church St. Frederick, MD 21701
(301) 676-1475

Counseling Services Agreement and Consent for Treatment

Name of Patient : _____ Date of Birth _____/____/_____

Street Address: _____

City/State/Zip _____

Home Phone: _____ OK to contact Y N Cell Phone: _____ OK to contact Y N

Email Address: _____ OK to contact Y N

Name, Address, Phone of Primary Care Physician: _____

Emergency Contact: (by signing this document, you give consent for us to contact this person in the case of an emergency)

Name: _____ Relationship: _____ Phone: _____

I, _____, the patient or legal guardian, consent to treatment and will adhere to the following service policies and procedures:

Goals and Expectations: To obtain maximum benefit from counseling services, I agree to be an active participant in treatment, which includes keeping all scheduled appointments, following through with referrals, and completing activities discussed in sessions. The ultimate goal of services is to eventually be discharged from treatment after accomplishing my treatment goals. As I voluntarily consent to treatment, I am also free to withdraw consent and discontinue treatment at any time. Similarly, this practice has the right to refer me to a more appropriate treatment setting. If I do not remain active in treatment or allow more than 60 days to pass without contact, Frederick Counseling reserves the right to close the treatment file.

Attendance is essential for personal growth/healing as well as keeping my case active and avoiding cancellation fees and/or closure of my case. **Last minute cancellations (within 24 hours of appointment time) or missed ("no-show") appointments will result in a Missed Appointment Fee of $75** and may cause eventual termination of services.

Payment: I agree to pay for each session at the conclusion of each meeting. Cash, personal check, or credit cards (Visa, Mastercard, Discover or American Express) are acceptable forms of payment. I have the right to request a detailed receipt for my records and/or submission to my insurance company for possible reimbursement for services.

Fees:

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Initial Evaluation- $140
60 Minute Session- $120
45 Minute Session- $110
Missed Appointment Fee- $75

Confidentiality: I acknowledge the confidentiality of records maintained by Frederick Counseling LLC/owner Paul Hadfield, LCPC is protected by federal regulation. This practice may not disclose any information to outside sources regarding a patient's treatment unless the patient gives written permission. Exceptions, as mandated by Maryland law include:

- Imminent Harm to Self or Others
- Child Abuse or Vulnerable Adult Abuse
- Past Child Abuse
- Subpoena or Court Order
- National Security or Law Enforcement

Consultations: As my therapist, I realize that Paul may at times find it helpful to consult with other mental health professionals regarding my case. I understand that if such a consultation were to occur, every effort will be made to avoid revealing my identity.

Legal Testimony: Frederick Counseling LLC/owner Paul Hadfield does not testify in court or in other proceedings, including but not limited to: divorce, custody disputes, injuries, lawsuits, etc.

Contact: Voicemails are checked regularly, and Paul will return my call within 24 hours. If I choose to communicate electronically (email or text), I understand that confidentiality cannot be guaranteed. If I need emergency assistance, I will call an emergency care facility or dial 911.

By signing below, I acknowledge that I have read this agreement and voluntarily give consent for treatment under such policies and procedures.

_____	_____
Patient or Legal Guardian	Paul Hadfield, LCPC
_____	_____
Date	Date