

SUSAN HAMMONDS-WHITE, Ed.D.
Licensed Professional Counselor
Mental Health Service Provider in Counseling
110 30th Ave. N., #1- Nashville, TN 37203 - 615 321-8624

Information for Clients

The counseling relationship is an agreement between two parties, both of whom have responsibilities in the relationship. Your responsibilities as a client include regular attendance, payment, and active participation in the counseling process. You will gain most benefit from counseling when you complete requested activities between sessions and focus attention on the counseling work.

Payment for services is due at the time services are rendered. The fee is \$100.00 for fifty minutes. This time has been reserved especially for you, and If you fail to cancel an appointment at least twenty-four hours before the scheduled appointment time, you will be charged full fee for the missed appointment. Please discuss any unforeseen circumstances with me. All charges are your responsibility; if you have problems with payment, please discuss this with me.

If you choose to use insurance, please be aware that many insurance companies are now requiring disclosure of very detailed personal information in order to provide you with benefits. When you choose to use insurance, you are agreeing to have information and diagnoses become a permanent part of the insurance company's computer database. These records could be used to deny you insurance for some problems in the future.

. I am a Licensed Professional Counselor with Mental Health Service Provider designation in the state of Tennessee. This means that I have professional obligations and commitments to you. In order to provide you with the best care possible, I may consult with other experts on treatment issues (without the use of any identifying information). You may allow me to release information to others with your written consent. The information you provide to me during your therapy is legally confidential except as required by law. Exceptions to confidentiality include the threat of serious harm to self or others, including child abuse, suicide, homicide or grave disability. PLEASE ASK ABOUT CONFIDENTIALITY AND KNOW YOUR RIGHTS.

Sexual contact on any kind between a client and counselor is not part of any recognized therapy, is unethical and should be reported to the Health-Related Boards (615 532-5133).

Your signature below indicates that you have read and understand this form.

Signature of client _____ **Date** _____

Signature of parent (minor client) _____ **Date** _____