



COUNSELING AGREEMENT

I agree to make a commitment to counseling and have discussed the following points with my therapist:

1. It is expected that I will attend my counseling appointment as scheduled. There may be times, however, when cancellations are unavoidable. Cancellations must be made by calling my therapist within 24-hours of my scheduled appointment. Notifications can be made via phone or email, directly to my assigned Therapist or through the Intake Line (Phone: 815-723-0331 Email: counselingreferrals@cc-doj.org). Cancellations made less than 24 hours before the scheduled appointment time will be considered late cancellations. Not showing up for an appointment without prior notice will be considered a no-show.
2. I am expected to pay the established fee at each session. Payment may be made by cash, check or credit card only and I will receive a receipt for each payment. If I cannot pay my fee and miss a payment, I must pay it at the beginning of my next session. I cannot be more than two sessions behind and must pay something by the third session. If I cannot pay by the third session then I will be asked to reschedule my appointment and my counseling treatment and services will be put on hold until a payment plan has been agreed upon.
3. I understand that all late cancellations and no-shows may incur a fee \$50.00.
4. Three missed or unexcused appointments will result in the termination of counseling. Because Catholic Charities often has many people on a waiting list to see a therapist, it is not possible for Catholic Charities to hold my appointment time for me if I am not committed to coming to regular appointments.
5. Inappropriate, aggressive, or disrespectful behavior will not be tolerated. My therapist will end the session if this occurs **and** I will be charged a fee for the session despite it ending early.
6. Active participation in counseling is expected. Therapeutic progress is most beneficial when active participation by the client occurs.
7. Electronic Communication. I agree to allow the staff at Catholic Charities to communicate with me via email. I understand the risks of electronic communications and assume full responsibility. I also understand that if I choose to communicate with Catholic Charities staff via text messaging, email, or other modes of communication that I assume all risks associated with the chosen method of communication.
8. I understand that if I come to my session under the influence of a substance that I will be dismissed **and** charged for my session.
9. I will discuss any difficulty or dissatisfaction with the services that I am receiving with my therapist and/or my therapist's supervisor. A copy of the Catholic Charities grievance procedure is available upon request.

Client Signature: _____

Date: _____

Parent/Foster Parent Signature: _____
(If client is under 18 years of age)

Date: _____

Witness Signature: _____

Date: _____