



## Counseling Services Agreement

*Please read the following statements carefully and acknowledge with your initials.*

- \_\_\_\_\_ I understand the expectations, policies, and procedures of Denise J Norgan's practice, *Thoughtful Counseling LLC*.
- \_\_\_\_\_ I have been given adequate opportunity to clarify my expectations and otherwise address any questions that I have about these policies and procedures.
- \_\_\_\_\_ I agree to accept and abide by the policies and procedures as I obtain counseling services through Denise J Norgan's practice, *Thoughtful Counseling LLC*.
- \_\_\_\_\_ I specifically understand and accept my rights and responsibilities related to privacy, scheduling and cancellation of services, and payment of professional fees. I request that counseling services be initiated for me.
- \_\_\_\_\_ I understand that Denise J Norgan of *Thoughtful Counseling LLC* is **obliged to enact the Baker Act if assesses I am a danger to myself or others.**
- \_\_\_\_\_ I understand that Denise J Norgan of *Thoughtful Counseling LLC* is unavailable outside of business hours. I will call the **Mental Health Hotline at 988, or Peace River Center Crisis Line at 863-519-3744, or 911 should I need assistance.**
- \_\_\_\_\_ **I understand that no FMLA paperwork will be completed as part of the counseling services offered under this agreement**
- \_\_\_\_\_ I agree not to call Denise J Norgan of *Thoughtful Counseling LLC* as a witness in any litigation or legal proceedings. Note: Should you compel me to provide information in a court proceeding or elsewhere, you agree in advance that you will compensate me, at the rate of \$200/hour, for all time expended in response to the request for release of information, phone consultation, and preparation of documents. If at any time, I should be called to testify in court, you agree to compensate me \$300/hour including preparation of documents, phone consultation, court time, and all travel time (portal to portal), plus cost of any legal services which I may employ.

**In response to my request for counseling services, I have received and reviewed the policies of this office. My initials indicate my understanding of the statements above and I agree to the terms of Counseling with Denise J Norgan of *Thoughtful Counseling LLC*.**

_____ Patient Signature	_____ Printed Name	_____ Date
_____ Parent/Guardian Signature	_____ Printed Name	_____ Date
_____ Witness Signature	_____ Printed Name	_____ Date