

INFORMATION AND CONSENT FORM

Susan Hofland Counseling exists to provide counseling for families and individuals who need a safe environment to talk through the challenges that life can bring. Through this therapeutic relationship the goal is to help you find hope and healing in your daily life.

CONFIDENTIALITY: Please read the HIPAA Privacy Policy

INFORMED CONSENT: The goal of counseling is to work through struggles and pain that you are experiencing. There are times during counseling that you may feel worse. Counseling is a process toward healing. Please communicate with me if the issues do not improve, or become worse.

PAYMENT FOR SERVICES: Fees are payable the day of service. Charges will be assessed for additional services such as court reports or other third party reports, phone therapy sessions, etc.

CANCELLATIONS: 24-hour notice is required. This helps give the best care for all clients. However, we can talk through situations as they arise.

I HAVE READ THROUGH THE ABOVE AND RECEIVED A COPY OF THE HIPPA POLICY. I UNDERSTAND AND ACCEPT THESE CONDITIONS TO RECEIVING BEHAVIORAL HEALTH SERVICES. I MAY ASK QUESTIONS AT ANY TIME IN THE FUTURE.

Client/Parent/Guardian's Signature

Printed Name