

COUNSELING AGREEMENT AND CANCELLATION POLICY

PLEASE READ AND SIGN THE FOLLOWING COUNSELING AGREEMENT AND CANCELLATION POLICY. IF THE CLIENT IS UNDER 18 YEARS OF AGE, THE AGREEMENT MUST BE SIGNED BY THEIR PARENT OR GUARDIAN.

Counseling Agreement

I understand that I am entering into a confidential therapeutic counseling relationship. I understand that I have the right to terminate this relationship upon due notice to my counselor.

I also understand that all fees, as outlined on the separate attached and signed sheet, are due at the time services are rendered unless previous arrangements have been made.

I understand that information concerning my counseling cannot be divulged to other parties without my prior written consent unless directed by Colorado State Law. Other conditions of confidentiality will be discussed during the initial session.

Cancellation Policy

If I fail to cancel a scheduled appointment, I understand that Ashley Manson cannot use this time for another client who could have used the time effectively.

I further understand that there may be a full session fee of \$_____ charge billed for each hour appointment slot that is either missed or cancelled **with less than 24 hours' notice**. I understand that the only appropriate method of communication to cancel my appointments is through a **phone call or voicemail**.

E-mail communication in regards to cancelling an appointment are not valid.

Credit card number: _____

Type of card: _____

Expiration date: _____ CVV code: _____ Billing Zip Code: _____

I understand this Counseling Agreement and Cancellation Policy covers me and any minor children I may include in counseling.

****Failure to update accurate credit card information resulting in a fee charge not processing, will result in an additional \$25.00 fee. Please make sure your credit card information is accurate and up-to-date.****

Client Signature _____

Date _____

(Parent/Guardian signature if under age 18)