

Faithful & True

15798 Venture Lane Eden Prairie, MN 55344

Phone: 952-746-3880 Fax: 952-746-3897

Email: info@faithfulandtrue.com

www.faithfulandtrue.com

CLIENT AGREEMENT

This document provides you with some brief information about what you can expect when using our counseling services. Please read carefully and sign below.

Payments and Policies:

- We accept cash, checks, Visa, MasterCard, Discover or American Express for payment of sessions. Fees are due at the time services are rendered unless prior arrangements have been made. For payments that are made via credit card, the charges will be shown as "Faithful and True Ministries" and will be charged approximately 3-7 days after each individual or group session. Upon request, a receipt is available for your records. **We are not a provider for any insurance company, nor do we submit insurance claims.**
- **You will be charged the full session fee for appointments that are not cancelled at least 48 hours or two full business days in advance. If a client misses two appointments without cancelling within these parameters or is non-compliant with our policies, Faithful and True reserves the right to discontinue services. If a client fails to attend a scheduled appointment, a credit card on file will be required in order for future appointments to be made.**
- Initial here to confirm that you have received a copy of our fee schedule _____.

(Initial)

Client Confidentiality

- You have the right to any current information concerning your assessment and recommended course of counseling, including expected duration of counseling.
- For the purposes of coordinating care, members of our counseling staff may discuss the details of your care and treatment plan.
- Your records and transactions are confidential, unless release of these records is authorized in writing by you, or otherwise required by law, for example:
 - If a client threatens to harm someone (including self)
 - If a client engages in irresponsible sexual activity while HIV positive.
 - If a client uses recreational drugs or alcohol irresponsibly while pregnant.
 - If a client has abused, is abusing, or is a threat in the future to abuse physically or sexually a minor or vulnerable adult.
 - If a client is under age 18 and the counselor judges it is in the best interest of the client to share information.
 - As part of an investigation and required by a court of law.

Email and Cell Phone Use: The use of email and cell phones to discuss therapeutic issues is *not secure*. While we would never share your email with anyone without your permission, email without encryption can be compromised. You agree that when you/we use email or cell phones, it will be under these conditions.

Our counselors are not "on call" 24 hours so if you experience a life-threatening emergency, please call 911 or go to the nearest emergency room.

Client Signature

I have read, understand and received a copy of my "Client Agreement."

_____ Date: _____
Sign Here

Print Name Here _____