

Rollins Counseling, LLC
d/b/a Life Journey Counseling

2800 Regal Road, Suite 108
Plano, Texas 75075
(214) 868-0016

Agreement for Individual Therapy

I, _____, the Client, agree to meet with Paulette R. Rollins LPC NCC, a Therapist of Rollins Counseling, LLC at the appointment times and places we agree on, starting on _____, _____, for _____ sessions of approximately 50 minutes each.

I have read the Informed Consent which has been provided to me. I have had all my questions and concerns answered and discussed.

With enough knowledge, and without being forced, I voluntarily enter into treatment with Rollins Counseling LLC. I will keep my Therapist fully up to date about any changes in my feelings, thoughts and behaviors. I expect us to work together on any difficulties that occur, and to work them out in my long-term best interest. At the end of ____ meetings, we will evaluate progress and may change parts of this agreement as needed. Our goals may have changed in nature, order of importance, or definition. If I am not satisfied by our progress toward goals, I will attempt to make change in this agreement, and I may stop treatment after giving Rollins Counseling, LLC at least 7 days' notice of my intentions and meeting with my Therapist for one last time. This agreement shows my commitment to pay Rollins Counseling, LLC for my Therapist's services. I agree to pay \$100 per session, and to pay at the end of each session. I agree to pay \$35 for un-cancelled appointments or those where I fail to give 24 hours notice that I will not attend. The only exceptions are unforeseen or unavoidable situations arising suddenly. I understand and accept that I am fully responsible for this fee, but that Rollins Counseling, LLC will assist me in obtaining reimbursements from my insurance. I understand that this agreement will become part of my record of treatment.

My signature below means that I understand and agree with all of the points above.

Signature of Client Date

I, the Therapist with Rollins Consulting, LLC, have discussed the issues above with the Client. My observations of this Client's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

Signature of Therapist Date

____ Copy accepted by Client ____ Copy kept by Therapist

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.