



THERAPY WITH FAMILIES, COUPLES, AND INDIVIDUALS

Welcome to therapy. It is my desire to serve you and help you through the healing process.

If you need to cancel an appointment, please call 24 hours in advance or you will be charged for the visit.

If there is an emergency in your life, please call me at 443-739-4429 and leave a message or number where I can call you. If I do not call you back right away, please call 911.

Your therapy sessions are strictly confidential. I must have your written permission to discuss your case outside of the office or consultation. The exception to this rule is known or suspected child abuse, or danger to yourself or others. If you inform me about child abuse or elder abuse or any kind, I am required to report it to the appropriate social service agency.

My goal is to provide you with professional services to assist you toward emotional healing. I look forward to working with you.

I have read and understand the information that has been presented to me. In addition, I agree to participate in the therapy process in accordance with the terms that have been explained.

Print Name: _____

Signature: _____

Date: _____