

OUR AGREEMENT

The Complete Counseling Center • 117 Cass Ave. Suite 300 • Mt. Clemens • Michigan • 48043 • 586-298-8342

I, the client / guardian, have read, or have had read to me, and fully understand my rights/responsibilities detailed in the *Informed Consent*, *Professional Disclosure Statement* and the *Notice of Privacy Practices (HIPAA)* documents. My signature below indicates that I have discussed those points I did not understand and have had my questions, if any, fully answered.

It is also my understanding that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in these documents, I can talk with this therapist about them and she will do her best to answer them.

I agree to abide by and act in accordance with the points covered in these documents. I understand that by signing this agreement, I am acknowledging the circumstances under which this therapist is legally obligated to waive confidentiality.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my therapist before ending therapy with her.

I hereby agree to enter into therapy with Sonja T. Francese, MA, LLPC (or to have the client enter therapy) and to cooperate fully and to the best of my ability, as shown by my signature below. I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

Signature of client

Date

Printed name of client

Date

Signature of person authorized to make medical decisions

Date

Relationship to client: Self Parent Legal Guardian
 Health care custodial parent of a minor (less than 14 years of age)
 Other person authorized to act on behalf of client

I, Sonja T. Francese, MA, LLPC have met with this client / guardian and have informed him or her of the issues and points raised in these documents. To the best of my knowledge, I have responded to all of his or her questions. I believe this person fully understands each of the points in these documents and I find no reason to believe this person is not fully competent and legally authorized to give informed consent to treatment at this time. I agree to enter into therapy with the client, as shown by my signature here.

Sonja T. Francese, MA, LLPC

Date

Copy accepted by client / guardian

Copy kept by therapist