

**STATEMENT OF CLIENT'S RESPONSIBILITIES**

Name (Printed) \_\_\_\_\_

Your improvement is important. If you have any concerns about any items on this page, you should feel free to discuss them with your therapist.

Each client guides their own treatment including the frequency of appointments. Direct communication is needed with the therapist or the clerical staff regarding any appointment changes. A 24 hour notice of cancellation is needed. If not cancelled 24 hours in advance, the client will be responsible for payment in full for the appointment. If there is a late cancellation (within 24 hours), a \$30 charge is incurred. It is the client's responsibility to be on time for appointments and to be prepared to discuss concerns. The client's efforts will play an important role in determining how much benefit is received from their work here. What happens between sessions is as important as the coaching.

Payment is expected at time of service and is to be given to the individual therapist or clerical staff. Understanding of insurance coverage is the client's responsibility.

All clinical and personal information is confidential unless written consent is given. Privacy is protected through the Notice of Privacy Practices which is displayed and available in the office. Written consent to release information is required for billing services or other professional contact.

\_\_\_\_\_  
*Client or Guardian*

\_\_\_\_\_  
*Witness*

Date \_\_\_\_\_

Date \_\_\_\_\_