**Counseling Agreement**

**Please Note:**

Counseling services provided by Laquanya Haggray are a voluntary agreement for consultation and counseling. Issues to be addressed include, but are not limited to family, marital, trauma, depression, anxiety, substance use and grief/loss counseling. If further referral is necessary, it will be discussed in session prior to any release of information. Other referrals may include mental health therapy via psychiatrist, primary care physician, etc.

**THE BENEFITS OF COUNSELING**

One major benefit that may be gained from participating in counseling is the resolution of the concerns brought to therapy. Other possible benefits may be a better ability to cope with marital, family and other interpersonal relationships, and /or a greater understanding of personal goals and values.

**THE RISKS OF COUSNELING**

There are certain risks involved in counseling. You may experience a variety of negative emotions during therapy as you remember and therapeutically resolve unpleasant events. Seeking to resolve concerns between family members, marital partners, and other persons can similarly lead to discomfort as well as relationship changes that may not be originally intended. The greatest risk of counseling is that it may not by itself resolve your concerns. We will do our best to assess progress and provide referral to other sources if that is deemed necessary and appropriate. Counseling is a collaborative process and the progress you make will depend in large measure upon your investment in the process.

**COST OF SERVICE**

The cost of each scheduled session will be $100.00 per session. If further financial circumstances need to be considered, they will be done on a sliding scale fee.

**PAYMENT OF FEES**

All fees should be paid at the time the service is rendered. Cash, money orders and personal checks are welcome. I do not accept insurance as forms of payment.

**CANCELLATIONS and NSF CHECKS**

Cancellations must be made forty-eight (48) hours in advance to avoid charge. Missed appointments will be charged the partial fee. There willl be a $15 charge for each NSF check or credit card rejection.

**WRITTEN ACKNOWLEDGEMENT AND CONSENT TO COUNSELING**

I have read and accept this agreement and herewith consent to counseling treatment with Laquanya Haggray LMHC, CASAC II

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian or Legal Representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laquanya Haggray, LMHC, CASAC II Date