



Benevolent Counseling Form

I (client) agree to pay a co-pay of \$_____ for each completed 50 minute session. I understand that _____ (Assisting Partner) has agreed to reimburse my counselor for the remainder of charges exceeding the amount I pay (up to _____ sessions). Other time lengths will be charged on a prorated basis. I agree to reimburse my counselor at the beginning of each session. I understand that the Assisting Partner has asked to be notified after my fourth session, that I am continuing to attend these sessions. I understand after my fourth session my counselor will make recommendations to the Assisting Partner about my need for continuing sessions. I understand that my counselor will not divulge any personal information to the Assisting Partner. It is agreed by all parties that after the fifth session, psychological testing will be billed as part of therapy as a 90-minute session.

If I must cancel a scheduled appointment, I agree to contact my counselor at least 24 hours before the reserved time to avoid being charged. If I fail to do this, I agree to pay full fee for the missed session.

I understand that the Assisting Partner will not reimburse any portion of a missed session in which I did not call my counselor 24 hours in advance. I also understand that if I miss appointments the Assisting Partner may cancel my benevolence at this time. In the event of a bona fide emergency that makes me incapable of this notification, a waiver of the fee is up to the discretion of the counselor.

Emergency Procedures: If an emergency arises and I am unable to contact my counselor, I know that I can call Suicide Prevention at 911.

I have read the above statements and I agree to these terms unless amended by mutual agreement.

Name_____Signature_____Date_____

Counselor_____Signature_____Date_____

Assisting Partner_____Signature_____Date_____

Fees: \$70 per 50-minute session; \$105.00 per 90-minute session