



**THERAPEUTIC COUNSELING AGREEMENT**

Client Name:

DOB:

I understand that Michele Neverdon, LPC, CCTP has agreed to partner with me throughout my period of counseling with her. I understand that a good therapeutic relationship comes from a counselor and client building rapport and trust. I understand that there are times when a counselor and/or client can not build rapport or trust. I understand that if Michele Neverdon, LPC, CCTP can not build rapport with me and/or I can not build rapport with her, Michele Neverdon, LPC, CCTP will refer me to another counselor.

(client signature and date)

I understand that Michele Neverdon, LPC, CCTP believes in and practices holistic counseling of the mind, spirit and body. I understand that Michele Neverdon, LPC, CCTP, believes that one of the ways one's life can be changed is when one's mental processing and thinking change. I further understand that Michele Neverdon, LPC, CCTP believes that a person's past can negatively influence their present life if they have not been able to process through past traumas and losses.

I understand that I may be asked to do homework assignments, such as, reading psycho-educational information, journaling, therapeutic worksheets, etc. I understand that homework assignments will help me reach my counseling goals. I understand that I, solely, am responsible for my own actions and that I am responsible for making the final decisions regarding my life and my counseling. I further understand that much of my counseling involves working through my life issues. I understand that my progress in counseling depends on my honesty, my willingness and my efforts to do the things I need to do to move forward. I also understand that I may encounter painful and difficult periods during my counseling. I understand that my counseling will involve discussing my historical background and issues.

I understand that what is said in session is strictly confidential and will not be released to anyone without my consent unless I am violating codes of abuse, harm to myself or others.

I understand that I will pay for appointments not canceled with a 24 hour notice. I understand that I will pay \$50 for appointments cancelled without a 24 hour notice.

(client signature and date)

As your therapeutic counselor, you honor me by sharing your life and growth with me. I will bring the best that I know from my studies and experience. I will bring you my knowledge, insight, wisdom and spiritual guidance.



**THERAPEUTIC COUNSELING AGREEMENT**

I, Michele Neverdon, LPC, CCTP, will keep a holistic perspective and be willing to work together with you because I believe that changes to the physical, spiritual, mental and emotional self can transform you into a whole healthy person. You can expect truth from me even when you may not want to hear it. I will have compassion and empathy for you in our counseling. I will do my best to honor you. I will respect you and I will expect your respect in return.

Client Signature:

Date:

Client's Name:

Signature:

Date:

(Responsible Parent/Guardian and/or Collateral contact, if required)

Name:

(Responsible Parent/Guardian and/or Collateral contact, if required)

Michele Neverdon, LPC, CCTP

Date