



Footsteps Counseling  
PO Box 1221  
Aberdeen, SD 57401  
Email: hhfootsteps@icould.com

**THErapy AGREEMENT AND CLIENT'S RESPONSIBILITIES**

**Please be aware of these terms and conditions:**

1. Sessions are scheduled on the hour and are usually 53 minutes in length. If more time is needed or requested, these additional service are subject to the usual fee and are your responsibility. Out-of-office, email and mail correspondence, and phone or Skype times is billed for five minutes or more in fractions of your therapy rate.
2. Payment is due at the time services are rendered. Major Credit Cards, Cash, or Valid Checks are accepted. Insurance will be pre authorized and Copay's must be rendered at the time of service. Make Checks Payable to: Footsteps Counseling Before the session begins. There is a \$30.00 charge for returned checks and refused cards. Footsteps Counseling, LLC reserves the right to charge interests on any balances on accounts which will be access each month.
3. You are responsible for covering the cost of your counseling. Footsteps is a preferred provider with many health insurance plans. For some Footsteps Counseling is qualified as an "out-of-network". It is up to you to provide full payment for any services not covered under your plan.
4. When you confirm a specific time for counseling you guarantee payment for that time no matter how you use it. If you miss your scheduled appointment you will be charged for the time you have reserved regardless (unless of a true emergency). Cancellations must be made 24 hours in advance to avoid being charged. If you miss your appointment the \$30.00 will billed and sent to you.
5. Footsteps Counseling, LLC provides counseling in cooperation with a number of organizations for third party billings (Court services, nonprofits, churches, employers). If such a sponsoring third party supports your case, you may be required to complete a release of information to allow sharing of the status of your treatment and payments to those responsible for the provision of your counseling. Footsteps Counseling may also consult with other qualified therapist's about various aspects of your treatment and client file on an anonymous basis.
6. As a supervisor and lead therapist, another therapist may be brought into the session to assist while serving your needs. It is possible that after a mutually agreed number of sessions, you may continue your course of therapy in the treatment of the partner therapist.
7. The notes taken by the counselor are the personal property rights of the counselor not the client. The results of any tests administered are confidential and remain in the therapists records. Some tests require additional fees, in which the client is responsible to pay.
8. You may be required to sign a release of information for sharing of information to and/or form other people deemed relevant to you treatment, situation (such as spouse, family, probation, court services, parole). All cases are treated with the utmost confidentiality and security.
9. Your signature below indicates that you so affirm that you are not presently involved or currently plan to be involved in litigation that would involve any matter related to you therapeutic treatment under Footsteps Counseling, LLC. Since your treatment aims towards you full honesty through total personal disclosure please understand it could be a conflict of interest if Footsteps Counseling were asked or subpoenaed by a court of law to divulge your personal information before potentially hostile witnesses and attorneys not in your favor. Footsteps Counseling, LLC serves you personally, not the courts or others.
10. If you have any questions or would like additional information, please feel free to ask.

I have read the preceding information, it has also been provided verbally, and I understand my rights as a client or as the client's responsible party.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Responsible Party's Signature

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Print Responsible Party's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Client and Authority to Consent