Acknowledgment of Disclosure Statement

By signing this document, I confirm that I have received a copy of the required disclosure information, and that I have read and understood this information. I agree to participate in and/or have my child(ren) participate in counseling from Heather A. Astill, LSCSW, MSW. This agreement shall remain in effect until either the client or the therapist, or both terminate treatment.

_____	_____	_____
Printed Client Name	Client/Legal Guardian Signature	Date

_____	_____
Heather A. Astill, LSCSW	Date

Fee Agreement

I, agree to pay $ ____ per 45-50 minute therapy session. Late cancellations (less than 24 hours notice unless it is an emergency) and “no-shows” will be billed as $20 a session, and must be paid at the next scheduled appointment or within 15 days, whichever comes first. This will not be billed to your insurance or another entity.

I understand that payment is to be made at each session unless other arrangements have been made. Telephone and teletherapy appointments are billed at the same rate as office sessions. Payment for telephone appointments must be made within 15 days, or at the next scheduled appointment, whichever comes first. I also understand that I will be billed $20.00 for checks returned for insufficient funds.

_____	_____	_____
Printed Client Name	Client/Legal Guardian Signature	Date

_____	_____
Heather A. Astill, LSCSW	Date

Patient-Therapist Confidentiality and the Limits to Confidentiality

Patient confidentiality is a vital component of psychotherapy. It is extremely important that patients feel secure that what they discuss in therapy will not be shared. There are three circumstances in which a therapist is required to report confidential information to state public welfare officials:

1. Child abuse
2. Physical abuse of an elder or dependent adult living in the home
3. Expressed intent to harm oneself or another person

I have read, understand and agree to the terms stated herein.

_____	_____	_____
Printed Client Name	Client/Legal Guardian Signature	Date

_____	_____
Heather A. Astill, LSCSW	Date