



CLIENT-THERAPIST CONTRACT
Beatriz Lloret, MA, LPC, Couples Therapist

I appreciate your decision to engage in counseling with me. I look forward to getting to know you and our working together on your goals. Building a therapeutic relationship is a key component in our work together and I have therefore addressed some aspects of how we will work together.

THERAPIST'S RESPONSIBILITIES

Within our first few sessions we will explore the issues and challenges that bring you to therapy and discuss what approaches we will take to assist you in reaching your goals. However, if I feel that my services are not appropriate for you, I will discuss this with you and refer you to other appropriate providers.

I endeavor to:

- Create a supportive and safe environment for you.
- Challenge you to try new ways of thinking, behaving, and feeling.
- Encourage honest feedback from you about our work together.

CLIENT'S RESPONSIBILITIES

I ask that you:

- Strive to be open and honest about your thoughts, behaviors, and emotions.
- Work between sessions on what we have done in our session.
- Give me honest feedback about my work with you.
- Keep your appointments and arrive on time.

CLIENT'S RIGHTS

The law protects the confidentiality of all communication between a client and therapist with certain exceptions. These exceptions are explained in the HIPAA NOTICE OF PRIVACY PRACTICES which you have read, signed, and been given a copy of.

During our therapeutic process, if you need to contact me, kindly leave a message or text me directly at

(979) 575-9644, I will return your call as quickly as possible.

*If there is an emergency, please refer to the item Emergency Procedures on this contract.

CANCELLED/MISSED APPOINTMENTS

Your appointment time is an important commitment for both of us. Once we set a time, that hour is set aside just for you. If you are unable to keep an appointment, please call to cancel or reschedule at least 24 hours in advance. There is no fee for rescheduling within the same week. If you cancel your appointment, you will be billed for 50% of your session for that week. If unable to cancel or reschedule 24hrs in advance you will be billed in full for the session.

EMERGENCY PROCEDURES

If an emergency situation arises, please state that your call is an emergency.

The following referrals are for emergencies and situations that need immediate attention:

911 for any emergency assistance

Rock Prairie Behavioral Health (979) 703-8848, or Nearest hospital emergency room.

PAYMENTS: Payment is accepted as cash, check or credit/debit card, and it's due at the end of each session, unless otherwise negotiated and agreed between us, and added in written to this contract.

FEES

- Individual counseling, fee per session \$140.

Notes _____

- Couples therapy, fee per session \$ 180.

Notes _____

*Individual sessions in the couple's therapy process, are billed as couple's therapy.

- Family Therapy, fee per session \$ 180.

Notes _____

*Individual sessions in the family therapy process, are billed as family therapy.

COLLECTIONS NOTICE: In case you fail to pay your due balance, I will make my best efforts to facilitate your payment, if this effort also fails I will send your balance to a debt collection agency.

BILLING INFORMATION:

Visa Mastercard Amex

Card Number: _____

Exp. Date: _____ CVV _____

Billing ZIP code: _____ Name on Card: _____

I understand and agree to all that is contained in the Client and Therapist Contract.

Beatriz Lloret, LPC

Therapist

Client(s)

Date ____/____/____.