Work-in-Progress Counseling Services
Cheryl A. Underhill, MEd, LPC
1045 Boston Ave, Nederland, Texas 77627
409-474-0451 www.cunderhilltherapy.com

Ms. Underhill and I have discussed my/my child's case and I was informed of the risks, approximate length of treatment, alternative methods of treatment and the possible consequences of the decided on treatment, which includes the following methods and interventions:

For the purpose of:

___Stabilization
___Decrease and relieve symptoms
___Improve coping, problem solving and use of resources
___Behavior modification and Cognitive restructuring
___Other:_____
___Skill development
___Grief resolution
___Stress management

While I expect benefits from this treatment, I fully understand and accept that because of factors beyond our control, such benefits and desired outcome, cannot be guaranteed.

I understand that the therapist is not providing emergency service and I have been informed of whom/where to call in an emergency or during the evening or weekend hours.

I understand that regular attendance will produce the maximum possible benefits, however, that I am or we are, free to discontinue treatment at any time, in accordance with the policies of the office.

I understand that I am financially responsible for any portion of the fees not covered or reimbursed by my health insurance. Legal-related services and /or non-clinical fees are $200 per hour (these fees are not usually covered by insurance plans).

I have been informed and understand the limits of confidentiality, that by law, the therapist must report to the appropriate authorities any suspected child abuse or serious threats of harm to myself and/or another person.

I am not aware of any reason why I/we/he/she should not proceed with therapy and I/we/he/she agree to participate fully and voluntary.

Missed or Cancelled Appointment Policy

POLICY: In order to offer initial and follow-up appointments in a timely manner, Ms. Underhill requires 24 hours advanced notice of cancellation of any scheduled appointment. Persons who fail to keep their appointment or who do not give 24 hours notice of cancellation, will be billed *$50 or their co-pay amount, whichever is greater. (Note: If you are using your EAP benefit, a session could be deducted, from authorized sessions). Non-payment of the $50 fee, could result in your not being seen until such payment has been made. Please plan ahead, so that this is not a problem for you. _____(initials)

*NOTE: The $50 charge is not covered under your Health Plan benefit.

I understand the above and hereby give Cheryl A. Underhill/Work-in-Progress Counseling Services permission to release and exchange information regarding my care to:_____
_____

I have had the opportunity to discuss all of the aspects of treatment fully, have had my question answered and understand the treatment planned. Therefore, I agree to comply with treatment and authorize Ms. Underhill to administer treatment(s) to me or my child.

Name of Client:_____

Signature of Client/Parent/Guardian:_____

Therapist Signature:_____Date:_____

(Revised 1/26/17)