



Consent and Services Agreement

Welcome to your first session at [Blue Sky Counseling Associates](#)! This form provides information about our services: Please review it carefully and feel free to ask us any questions.

About our Services

[Blue Sky Counseling Associates](#) believe in a person centered integrative approach to counseling and are experienced with utilizing community resources to maximize therapeutic benefit. Counselors will work together with their clients to explore and identify issues to be addressed as they build a relationship of trust. The healing and growth process can be difficult and the staff at [Blue Sky Counseling Associates](#) are here to provide guidance and support every step of the way.

Confidentiality/ Personal Health Information

All communications and records with your counselor are held in strict confidence. Information may be released, in accordance with state law, when (1) the client signs a written release indicating consent to release; (2) the client expresses serious intent to harm self or someone else; (3) there is reasonable suspicion of abuse against a minor, elderly person, or dependent adult; (4) to acquire payment for services or for billing purposes; (5) a subpoena or court order is received directing the disclosure of information. To protect your privacy to the greatest extent of the law, it is our policy to assert either (a) privileged communication in the event of #5 or (b) the right to consult with clients, if at all possible, before mandated disclosure in the event of #2 or #3.

Electronic Communication

Electronic communications, both telephone and internet (including email, are not secure methods of communication, and there is some risk that one's confidentiality could be compromised with their use. Counselors at [Blue Sky Counseling Associates](#), sometimes communicate with their clients using these mediums. If you would prefer to not be contacted by telephone or email, please inform your counselor and we will honor this request.

Client Follow Up

Your counselor may follow up with you after counseling has ended. 1 month, 3 months, or 6 months follow up calls may be made to check in with the clients and see if gains made in counseling have been maintained. In addition, someone from our team might call you to ask for your feedback on your experience at [Blue Sky Counseling Associates](#). If you would prefer that we not contact you one services have ended, simply inform your counselor and your preference will be respected.

Scheduling and Cancellations

Scheduling an appointment is a commitment that both counselors and clients honor. Appointments may be cancelled or rescheduled. Both counselor and client may cancel or reschedule an appointment providing a minimum of 24 hours’ notice. Please know that exceptions to this policy may be made in the instance of a serious medical or family emergency. If you are not paying with insurance and you do not show up for your appointment or provide notice of cancellation, you will be billed for the amount of the full session.

Work Agreement

It is agreed that the client shall engage in the counseling process as an important priority in his or her life. Suspension, termination, or referral shall be discussed between counselor and client for a pattern of behavior showing disinterest, lack of commitment, or for any unresolved conflict or impasse between counselor and client.

Emergency Contacts

Your counselor will establish emergency contacts for you, such as the phone number and location of a family member. Your counselor will also obtain alternative methods for contacting you, such as mobile phone, or work phone number. These emergency contacts may be used if the counselor perceives a need. If you are in crisis and cannot reach your counselor, please contact emergency services (911) or go to the nearest emergency room.

Service Fees

Payment/CoPay is due at the time of your scheduled session. Payments may be made via Paypal, Venmo, Zelle, Cash, or Check. There will be an additional \$45 fee for cancelled checks.

[Blue Sky Counseling Associates](#) offers a sliding scale. If you would like to be considered for the sliding scale fee, please speak with your counselor.

The counselor and client have read and fully understand and agree to honor this agreement, including commitment to negotiate and mediate as stated above, and will respect one another’s views and differences in their outworking. We have also agreed to an initial definition of work and to the fee to be paid by the client.

Client Name (s): _____ Date: _____

Provider Name: _____ Date: _____