WILLIAM P. BRENNAN, LMHC, CAP
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Client Rights & Responsibilities

FEES

Together, the client and counselor will make decisions concerning how often and for how long they should meet. The initial assessment suggested rate is $150 and $125 per subsequent session. Phone consultations are $2 per minute with a 15-minute minimum. Cash, money orders and personal checks are accepted for payment. Payment or co-payment is due in full at each session, and payment for all group sessions is due at the initial session.

FOR GROUPS ONLY:

Number of sessions:

Total fee: $

CANCELLATIONS

In the event the client is unable to keep an appointment, notification is required at least 24 hours in advance. The client is required to pay for any missed sessions unless he calls 24 hours in advance to cancel the appointment. An exception may be made if the counselor deems the situation an emergency.

RIGHT TO PRIVACY

All communication between the client and counselor becomes part of the clinical record. Records are the property of William P. Brennan, L.M.H.C., C.A.P. In accordance with legal requirement, adult client records are disposed of seven years after the file is closed; minor clients are disposed of seven years after the client's 18th birthday.

While most communication between client and counselor is confidential, the following limitations and exceptions do exist, i.e.: case records may be utilized for internal purposes; the client appears to be a danger to himself or others; discloses abuse, neglect or exploitation of a minor, elderly or disabled person; discloses sexual contact with another mental health professional; authorizes the counselor to release records; counselor is court ordered to disclose information; counselor is required by law to disclose.

In the case of marriage or family counseling, there is limited confidentiality, meaning the confidentiality belongs to the relationship and not the individual. In family work, confidentiality limits will be discussed with the counselor.

REFERRALS

Should the client and/or counselor believe that a referral is needed, alternatives will be provided. A verbal exploration of alternatives to counseling will also be made available upon request. The client will be responsible for contacting and evaluating those referrals and/or alternatives.

EMERGENCIES

During office hours, the client can contact the counselor at 386.473.3290. If the client is unable to reach his counselor in a timely manner, he should contact his physician, a local emergency room or the local police

department when necessary and appropriate. It is the client's responsibility to seek the appropriate resources in emergency situations.

By your signature below, you indicate that you have read and understood this statement and any questions about this statement were answered to your satisfaction. By your counselor's signature, William P. Brennan, L.M.H.C., C.A.P. verifies the accuracy of this statement and acknowledges his commitment to conform to its specifications.

Client or Guardian Signature	Printed Name	Date
Counselor Signature	Printed Name	Date