

**PARAKLEIN COUNSELING and CONSULTATION SERVICES**  
**CONTRACTUAL AGREEMENT**

**PREAMBLE:**

In an effort to enhance communication and to clarify the relationship between the counselor and the client, the following guidelines are set forth:

**GUIDELINES:**

1. The initial session shall be for the purpose of the counselor conducting an intake inventory in order to make recommendations to the client regarding the Counseling Contract.
2. The Counseling Contract will cover the following:
  - A. Purpose or goal of counseling
  - B. Frequency of sessions
  - C. Fee per session
  - D. Duration of the initial Counseling Contract
3. The Counseling Contract will be established at the conclusion of the first session by mutual agreement between the client(s) and the counselor.
4. The strictest of confidentiality shall be maintained.
5. A Release of Information form shall become part of the Counseling Contract in the event that the counselor and client deem it beneficial to the therapeutic process.
6. The fee schedule shall be as follows:

Pastoral Psychotherapy	Per session
for Individuals, couples, and families	\$115.00
for individuals in group therapy	\$25.00
for children in play therapy	\$75.00
Consultation Services (per hour of time)	\$45.00
Conflict Resolution and Mediation Services	\$60.00
7. The above fee schedule may be negotiated at the intake session in cases of extreme hardship. The fee per session may be reduced by no more than 50%.
8. Payments will be made at each session or on a monthly basis in advance. Outstanding balances beyond 30 days will be subject to a 10% monthly late charge.
9. Personal and professional respect will be maintained at all times. Tardiness will not affect the scheduled end of the session, nor will cancellations under 48 hours in advance effect the fee assessed. Phone calls will be made for rescheduling appointments only, not for the purpose of counseling. A \$1.00 per minute rate will be charged for telephone conversations over 10 minutes.
10. The clinical hour will be understood to refer to a 45-50 minute session, and the client and the clinician will respect the time frame.
11. Counseling will cease only by mutual agreement arrived at in a counseling session following evaluation of progress made.

**SIGNED:**

Client \_\_\_\_\_ Date \_\_\_\_\_

Counselor \_\_\_\_\_

**Counseling Contract:**

Purpose of the Counseling: \_\_\_\_\_

Number of Sessions: \_\_\_\_\_ per \_\_\_\_\_ for \_\_\_\_\_ weeks/months.

Agreed upon fee per session \_\_\_\_\_.