

Love & Counseling Mental Health Services, LLC

Client Agreement

Counselor: Kadheem George, Owner & Licensed Mental Health Counselor
Contact: (540) 505-8179 | Email: kahdeemg90@gmail.com

1. Purpose of This Agreement

Welcome to Love & Counseling Mental Health Services, LLC. Beginning counseling is a meaningful step toward personal growth and wellness. This agreement outlines the expectations, responsibilities, and terms of service between you (the client) and your counselor. Please review carefully, discuss any questions at your first session, and sign once you are comfortable with the terms.

2. Terms of Service

The counseling relationship is built on mutual respect, professionalism, and commitment. Session frequency, fees, and scheduling will be determined collaboratively between you and your counselor. Both parties agree to maintain consistent attendance and open communication regarding treatment needs.

3. Confidentiality

All sessions are confidential. Your counselor will not share information about you without your written consent, except in the following situations required by law:

- If there is reason to believe a child, dependent adult, or elder is being abused or neglected.
- If there is a serious threat of harm to yourself or others.
- If court-ordered disclosure is required.

Counselors receive professional supervision for quality assurance; minimal identifying information may be discussed to ensure the best possible care. Audio or video recordings will only occur with your written consent.

4. Cancellations and Attendance

You are required to provide at least **24 hours' notice** to cancel or reschedule an appointment. Cancellations made with less than 24 hours' notice, or missed appointments, will be billed in full. The counselor will also provide reasonable notice in the event of any schedule changes.

5. Continuity of Care

Regular attendance is essential for progress. If you wish to adjust your session frequency or pause services, please discuss this in advance so that your treatment plan remains consistent and effective.

6. Client Participation

Counseling is most effective when clients are actively involved. Reflection, practice of new skills between sessions, and open communication about your experience are encouraged. If you experience discomfort during or after a session, please discuss this with your counselor promptly.

7. Termination of Services

When you feel ready to end counseling, please discuss this with your counselor so that a proper conclusion can be planned. Termination is best done collaboratively to ensure continued support and closure.

8. Fees and Payment

- **Session Rate:** \$50.00 per 60-minute session
 - **Payment Due:** Within **12–15 business days** of the completed session
 - **Accepted Payment Methods:** Check, Apple Pay, Venmo, or Zelle
 - **Late Cancellations/No-Shows:** Subject to the full session fee
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9. Agreement

I have read, understood, and agreed to the terms stated above. I have had the opportunity to discuss any questions or concerns with my counselor.

Client Signature: _____

Date: _____

Counselor Signature: _____

Date: _____