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(239) 495-7722
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AGREEMENT FOR SERVICES

This agreement is made this _____ day of _____, 20____, between Sunshine State Counseling Center, LLC and _____ (parent/guardian) according to the following terms:

Sunshine State Counseling Center, LLC shall render psychological/play therapy counseling or treatment services to _____ (“Client”). The Client’s parent/guardian has a right to refuse treatment at any time. The length of time for treatment will be discussed with the parent/guardian. It is expressly understood that Sunshine State Counseling Center, LLC has not and will not issue any guarantee of cure or treatment effects, number of sessions necessary, or total cost of service.

As a condition precedent for receiving professional services from Sunshine State Counseling Center, LLC, the parent/guardian agrees to the following: In the event that a Sunshine State Counseling Center, LLC therapist is required to be involved in any legal proceedings (including but not limited to a deposition or court hearing) to which the Client is a party, the parent/guardian shall pay all of Sunshine State Counseling Center, LLC professional fees.

All Client information is confidential and cannot be released unless requested by the parent/guardian in writing. Exceptions: Florida state law requires that we break confidentiality when a life is at risk or when abuse is disclosed.

Sunshine State Counseling Center, LLC services are not available on a 24-hour basis. Messages to voicemail will be returned within one business day except on weekends and holidays.

Client/Parent/Guardian Signature: _____

Print Name: _____

Relationship to Client: _____

Date: _____

Sunshine State Counseling Center, LLC therapist name: _____

Date: _____