

Name of Church: \_\_\_\_\_

Client Name(s): \_\_\_\_\_

Therapist: \_\_\_\_\_

Hourly rate per session: \$\_\_\_\_\_ / session

Number of sessions approved: \_\_\_\_\_ (max of 10)

Client is to pay a co-pay of \$\_\_\_\_\_ per session (minimum of \$5) and we will be billed for the balance of each session fee.

## Invoices will be mailed to:

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ I'd Prefer Email Invoice ☐

By signing below, the church hereby agrees to pay the amount invoiced for the client(s) to receive counseling at In The Garden Counseling for the term of this agreement. If the client(s) needs additional sessions, he/she must submit another agreement form. If the client does not show for a scheduled appointment, the client (*not the third party*) will be responsible for the cancellation fee.

By signing below, the referred client(s) also agree to give permission to their therapist to contact or be contacted by any of the referring church pastors and/or elders to discuss the client's issues throughout the counseling process and/or for approval of additional sessions.

\_\_\_\_\_  
Client (or legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
2nd Client (or legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

This agreement expires upon the completion of the number of sessions listed above or \_\_\_\_/\_\_\_\_/\_\_\_\_, whichever occurs first. Agreement is not valid without In The Garden Counseling approval.