

Constance Cromartie, NCC, LPC  
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Counseling Services Agreement for Individuals

This is an agreement between Constance Cromartie, LPC, known from here forth as ‘the counselor’ and \_\_\_\_\_, known from here forth as ‘the client’ for professional mental health counseling services to be provided by the counselor to the client.

The client agrees to participate in counseling services provided by the counselor for an undetermined number of sessions (the number of which will be determined by need and progress of the client).

The counselor agrees to provide professional counseling services in accordance with the counselor’s skill, training and licensure as approved by the National Board of Certified Counselors and the Georgia Composite Board of Licensed Professional Counselors, Social Workers, and Marriage and Family Therapists.

The client agrees to pay for counseling services to the counselor at the time that counseling services are provided. The fee for each counseling session is \$180.00. Client’s co-payment amount of \_\_\_\_\_ and any required, unmet deductibles will also be due at the time of service. (If client cannot pay the indicated amount a limited sliding scale discount will be used.)

The client agrees to hold the counselor harmless for any and all decisions made by the client prior to, during, and after the conclusion of all counseling services rendered by the counselor or others providing counseling services to the client at the direction and approval of the counselor.

The counselor and client agree that all counseling sessions will remain private and confidential.\* However, for therapeutic purposes, the client and/or the counselor may request that others participate in counseling sessions, if it is deemed therapeutically necessary.

Cancellation policy: The client agrees to provide at least 24 hours advanced notice of cancellation of the counseling session. If the client does not provide at least 24 hours advanced notice, the client may be charged the full counseling fee for the session.

Client’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Guardian’s signature if client is under 18 years of age)

Counselor’s Signature, Credentials: \_\_\_\_\_ Date: \_\_\_\_\_

(\*Confidentiality may be breached on the part of the counselor towards the client in the event of real or threatened harm to self or others, child abuse or neglect, or as ordered by a court of law.)

Thank you for choosing Constance Cromartie, LPC!