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**Informed Consent for Consultation**

Service Agreement

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, voluntarily agree and consent to participate in child behavioral consultation services provided by Sally Hooper for myself and/or my family members, at the agreed upon fee of $\_\_\_\_\_\_\_\_\_ per hour.

I will be invoiced after the initial hour of consultation is complete. I also understand that it is my responsibility to initiate and schedule the two included 15-minute follow-up phone calls, if applicable. I also understand that both of the 15-minute follow-up phone calls are to be used within one week of the consultation.

Invoices submitted by Sally Hooper are due upon receipt either by cash, check or Venmo (@Sally-Talala).

Confidentiality & Limits of Confidentiality

Sally is dedicated to keeping information shared within your sessions private and confidential.

The following limits to confidentially apply:

• She will report suspicions of child physical and /or sexual abuse or neglect.

• She will report homicidal or suicidal intent.

Cancellation Policy

I understand that I am required to cancel within 24 hours of my scheduled appointment time. Shorter notice or being unavailable for our agreed upon appointment time will result in a $25.00 fee.

My signature below indicates that I have read and fully understand this document. I fully acknowledge and agree to the terms of the service agreement, confidentiality & limits of confidentiality details, as well as the cancellation policy.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_