

# WALK IN FREEDOM *counseling*

**PLEASE READ CAREFULLY AND SIGN:**

***Financial & Cancellation Agreement:***

- Sessions are \$120 and client is responsible for payment of services.
- Sliding scales are available and will be re-evaluated with the client every 6 months.
- Client must notify WFC if client is unable to attend scheduled counseling appointment.
- Client is responsible to give notice of cancellation or reschedule before 12pm, two days prior to scheduled appointment. Any appointment cancelled or rescheduled after 12pm within two days prior is subject to a \$60 fee. If this happens two times within a span of 30 days, client will be put on a same day only list.
- Client is responsible to know their insurance benefits and be aware if mental health services are not covered.

**My signature below gives my understanding and consent to the professional staff at Walk In Freedom Counseling, LLC.**

\_\_\_\_\_  
*Signature of Client*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (**Please Print**)

\_\_\_\_\_  
*Signature of Guardian (if applicable)*

Date of Birth: \_\_\_\_\_

**NOTE:** Client records are destroyed five years from the date of last client contact with WFC.