

CLIENT AGREEMENT

I understand that I must be at least 18 years of age (or sign a written consent for my minor child) to consent to services with Julie Gallinat. As a client, I understand that Julie Gallinat, a Licensed Clinical Social Worker in the State of North Carolina, is required by law to break confidentiality and make the appropriate legal notifications if she has reason to believe that I am involved in child abuse or neglect, or that I intend to harm myself or someone else. Otherwise, all material shared in session will be held in the strictest confidence unless written permission to share information has been granted by me.

I understand that there is no guarantee as to the outcome of counseling provided by any mental health professional, and that I may terminate counseling at any time, for any reason, and without prior notification or explanation. I also understand that I am responsible for the privacy of telephone and e-mail exchanges that occur between Julie Gallinat and me.

I have been informed of the fees for service and cancellation policy as per the Terms of Services section of this website. I agree to pay for all counseling sessions at the time of service.

Please print, sign and date this document and bring with you for your first session.

Signature of Adult

Signature of Adolescent Minor

Print Full Name Clearly

Print Full Name Clearly

Date