



uFringo Counseling LLC

COUNSELING AGREEMENT

Welcome to my practice and thank you for choosing uFringo Counseling to walk alongside you wherever you find yourself on your current journey. This document contains important information about my professional services and business policies. Please read it, contact me with any questions you may have about any of these policies, sign it and bring it to your first session.

Confidentiality Policy

Counseling sessions are confidential, except under court order or when there is an indication of imminent danger (evidence or report of intent to harm self or others, evidence or report of abuse, etc.). When working with adolescent clients I, Liz Schnelzer LCSW, also reserve the right to use professional judgement and disclose information to a parent/guardian where there is a concern for the client's safety, well-being, or a need for additional supervision and/or support. Any information to be disclosed to a parent/guardian will be fully discussed with the adolescent client first.

Payment Policy

At this time, no third party reimbursement through insurance companies is accepted. Payment in cash, by personal check, or Venmo is requested at the time of service. I will provide you with a receipt which may be submitted to your insurance carrier so that you may be reimbursed according to your plan's mental health benefits. uFringo's fee schedule is listed below:

- Individual Adult or Adolescent 50-60 minute session: \$140.00
- Family 50-60 minute session: \$140.00
- Phone consultations \$25 per 1/2 hour.
 - Examples: Consultations with psychiatrists, guidance counselors, lawyers.
- Written communications \$25 per 1/2 hour.
 - Examples: accommodation recommendations, referral letters, court requests.
- School Reintegration: Fees based on needs of individual situation.



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Cancellation Policy

Twenty-four (24) hours notice is required for cancellation of appointments. Clients, or their parents/guardians in the case of minors, are personally responsible for a \$50.00 no-show payment for missed appointments. Exceptions will be made for emergencies, weather situations, or significant illnesses.

Termination Policy

Therapy ideally ends or “terminates” when there is a mutual agreement that you have achieved your desired goals, and we have celebrated your growth and our collaboration together. Of course, you may terminate at any time. If you frequently miss appointments, and/or fail to schedule appointments without contacting me for 30 days, it is understood that you have terminated treatment, and your clinical file will be closed. Once our relationship has terminated in any of the above ways, I have no further therapeutic obligation to or responsibility for addressing your mental health needs. If after termination you would like to resume therapy, please feel free to call me so we can discuss how best to accommodate your needs.

Safety Policy

Your personal safety is my highest priority and it must be yours as well. If an acute situation arises between sessions, you are welcome to call me and I will do my best to get back to you in a timely manner, and to help you formulate a plan for safety or a higher level of care. If, however, you do not hear back from me as soon as you need to, it is understood that you will: 1. Communicate with your emergency contact, 2. Call 911, and/or 3. Go to a local emergency room or mental health crisis facility as needed.

HIPPA Policy

uFringo’s HIPPA policy is available on the website at www.uFringo.com. You may request a printed copy of the policy at any time. By signing below you are acknowledging that the The Notice of Policies and Practices to Protect the Privacy of Your Health Information (HIPPA Policy) has been made available to you.

Again, thank you for choosing uFringo Counseling. I am sincerely looking forward to our time together.



Counseling Agreement Signature Page

I agree, by signing below, that I have read, understood, and will abide by the policies listed above:

Print Name (Client):

Signature (Client):

Print Name (Parent/Guardian if Client is a Minor):

Signature (Parent/Guardian if Client is a Minor):

Date: _____