

**Beverly Merriam, LPC, LLC**

111 Cicero Drive  
Building 200  
Suite 100  
Alpharetta, GA 30022

**CLIENT AGREEMENT**

Thank you for choosing Beverly Merriam Counseling, LLC. In order to better serve you, please review the following. Please acknowledge your understanding and acceptance by your signature and completing the attached PRE-COUNSELING PROFILE.

**Counseling Guidelines**

**(Please initial in the space provided after each individual statement.)**

1. The standard counseling session is 50-55 minutes. \_\_\_\_\_
2. The counseling fee is \$125 per session. If a longer appointment is scheduled, or if a standard session runs past 55 minutes, the fee will be at the rate of 1/4 hour for each additional fifteen minutes. \_\_\_\_\_
3. Payment is expected at the end of each session. I except cash, check and credit cards. If you wish to pay by credit card, please make a payment prior to or immediately after the session, otherwise it's easy forget. To pay via credit card, please go to my website, BeverlyMerriam.com, and click the payment tab, which will walk you through the simple process.
4. An appointment represents time set aside personally for you. Missed appointments are billed at the hourly rate when they are not cancelled 24 hours in advance. \_\_\_\_\_
5. Any telephone calls made, or correspondence done by the therapist on behalf of the client will be billed at the hourly rate. \_\_\_\_\_

**Waiver of Liability and Confidentiality**

I am aware that all statements I shall make are of a confidential nature, including all written information, and ethically may not be disclosed without my written consent with the following exceptions that will result in confidentiality being waived:

1. A counselor working with an adult or child is encouraged and in some cases required by law to disclose to the appropriate person, agency or civil authority any harm that a person may attempt or desire to do to one's self or to others, or any reasonable suspicion of physical, sexual abuse, or neglect being done, having been done to a minor child, the elderly, handicapped or a dependent person.
2. To insure the highest quality of service, and in the best interests of the client, the counselor reserves the right to consult with another professional regarding your treatment. This consultation will be held in strict professional confidence.

3. Although courts usually hold counseling records as privileged, counselors are professionally bound to comply with subpoenas given by a court of law.
4. Corresponding via technology has certain limitations and risks regarding your confidentiality. Please be advised. Additionally, I accept no clients as “friends” on Facebook to promote privacy.

By my signature, I acknowledge that I have read, understood, and have agreed to the Counseling Guidelines, the Waiver of Liability and Confidentiality, and that I accept the stated conditions and limits of confidentiality. I acknowledge responsibility for all fees incurred and should should collection of any account become necessary, I will be responsible for all cost of litigation including attorney’s fees.

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Your signature

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Date

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Counselor’s signature

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Date