Dorcas K. Hutton, MS, LCPC, NCC
LICENSED COUNSELOR

The Exchange • 1122 Kenilworth Drive, Suite 109 • Towson, Maryland 21204
dorcas.hutton@gmail.com • 443.418.1008 • Fax: 410.828.0300

Client Consent and Fee Agreement Form

I, _____, voluntary give my consent to treatment for myself and/or my family (including any children who are minors) by Dorcas Hutton, LCPC, as determined necessary in her professional judgment.

I understand that Dorcas Hutton works collaboratively with clients in establishing therapeutic goals and objectives for a mutually agreed upon period of time. I may discontinue therapy at any time. With couples or family therapy, sessions may involve individuals or a combination of family members depending on the therapeutic goals of the given situation. At times, individuals may be referred to another mental health professional for specialized or individualized work.

I understand that my records and all communications will be kept private and that all client communications are kept in locked files and not viewed by anyone other than Dorcas Hutton. No records will be released unless I sign a written release in accordance with the signed Confidentiality Statement.

I recognize that it is my responsibility to keep my appointments and to give 24 hours notice for changes and cancellations. I agree to pay for the service at the end of each session, when I will be provided a statement.

I agree to pay for treatment at the rate of _____.

I agree to work with the counselor toward the following goals:

Client's signature: _____ Date: _____

Client's signature: _____ Date: _____

Therapist's signature: _____ Date _____

Copies of this document are available upon request