

**Rebecca N Martin LMHC NCC  
Counseling Services**

1655 Elmwood Ave. Suite 125  
Rochester, NY 14620

**NOTICE TO CLIENTS AND CONSENT TO MENTAL HEALTH TREATMENT  
AGREEMENT**

**CLIENT NAME (PLEASE PRINT):** \_\_\_\_\_

This document contains important information about my professional services and business policies. It is important to read them carefully before the next session, and to discuss any questions with me about the procedures. In signing this, you indicate agreement to treatment from me and to my policies. You may revoke this agreement in writing at any time.

**Mental Health Counseling Service**

Psychotherapy is an active process on the part of both the client and the therapist. As your therapist, I am fully engaged in a therapeutic relationship in which I work in partnership with you to understand your current difficulties, and to help you resolve them. I will guide and encourage you to use your mind, imagination and your emotional capacity to facilitate the healing process. At the same time, therapy requires your active participation and consistent attendance in order for it to succeed.

Some of the benefits of psychotherapy are symptom reduction and elimination, better relationships, solutions to particular issues, and decline in feelings of lack of control and of distress. These are all areas that we will work on in therapy. However, there will be times in which uncomfortable feelings will come up because you will be sharing difficult moments of your life. It is important to know that this is to be expected and normal. I will help you develop strategies to manage these uncomfortable feelings and keep them in the confines of the therapy session if at all possible.

**SESSIONS**

Our first session will be an initial evaluation session for both of us. Each therapist has a particular style and selection of expertise. You will have a chance to decide if I am a good match for you, and I will identify whether I can supply the type of mental health counseling services that you require. This may take a couple of sessions. We will also re-evaluate our progress together approximately every three months. You are free to terminate treatment at any time.

We will then agree on the frequency of sessions, duration of each session, and a focus for treatment taking into account your clinical needs, and your preferences. We will revisit this agreement whenever we re-evaluate our work together, or every 12 sessions whichever is sooner.

Once an appointment time is scheduled, I will reserve that time for you. As such, payment is expected unless you provide 24 hours notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control.) Consistent attendance is an important part of progress in treatment.

My phone number is 585-737-3888. I check my voicemail regularly, and will get back to you as soon as I can, but usually by the end of the day. Please leave your phone number in the message, and inform me of good times I can reach you. I am happy to speak to you on the phone, but please realize that therapy occurs during appointment times. You can also email me at [rebmart62@gmail.com](mailto:rebmart62@gmail.com)

#### **PAYMENT**

I accept payment in cash or checks or Paypal. Payment can be made at each session, and I will give you a receipt.

#### **LIMITS ON CONFIDENTIALITY**

Your file contains written information about you: your initial intake form, my written progress notes, clinical information and releases of information if necessary. Communications between a client and a licensed clinical Mental Health Counselor\* are privileged (confidential) and may not be disclosed without the specific authorization of the client except under specific limited circumstances. Client information may only be shared with others only with your written permission, through a court order, or when otherwise required by law to be disclosed. There are some reporting requirements that Mental Health Counselors are required to follow which limit your right to confidentiality.

- I am required to report to state authorities if I suspect that a child or an incapacitated adult has been abused, neglected or exploited.
- I am also required to warn the police and likely victims of a client's serious threat of physical violence to a person or property.
- This is a short summary and guideline. If you are concerned about confidentiality in anyway, please discuss this with me.

I may occasionally find it helpful to consult other health and mental health professionals about your case to obtain an independent perspective. During a consultation, I do not disclose the identity of my client. The other professionals are also legally bound to keep the information confidential. By signing this document, you are acknowledging that you understand that I may discuss your case in consultation and/or supervision and do not object to my doing so.

I have read, understand, and accept the provisions described in this agreement.

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Signature

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Date

