**CLIENT INFORMED CONSENT FORM**

**Client Information**

*First Name Last Name*

*Address (Street #, Zip Code, City)*

*Date of Birth (DD/MM/YYYY)*

*Name of Legal Guardian (for minors)*

*E-mail Mobile Number*

Employment / Schooling Status:

* Unemployed
* Employed
  + - Occupation & Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* In school
  + - School Name & grade year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Status:

* Married
* Single
* In a relationship

Emergency Contact:

*Name Phone Number*

**Confidentiality**

All information shared with the counselor is confidential and no information will be released without the client’s written authorization. Any personal information that is collected is done so, solely for the purposes of collecting fees, mailing forms, and arranging appointments. This information will not be released to other third parties or used for any other purpose than those outlined within this document. Consent for limited release of information may be necessary in special circumstances which will be discussed and attained prior to any action taken with client’s personal information. There are specific and limited exceptions to confidentiality which include the following:

1. When there is risk of imminent danger to client or to another person,
2. When there is a reasonable suspicion that a child or elder or any vulnerable person is being sexually, physically or emotionally/psychologically abused or neglected or is at risk of such abuse
3. All other requests for client’s personal information to be either released or obtained by the counselor or other professionals (e.g., my family physician, lawyers, etc.) will be discussed as they arise and will require client’s written permission.

**Counseling / Coaching Agreement**

The type and extent of service will be collaboratively determined thorough discussion between the client and the counselor. The client is free to discontinue services at any time without penalty or prejudice (with the exception of late cancellations/no shows as identified below). This consent will remain in effect until the client withdraws it via written consent or discontinue services by informing the counselor of their intent to do so.

**Attendance**

Individual counseling/coaching sessions are between 50 and 60 minutes in duration. Session frequency can vary over the counseling period, depending on the specific goals and the progression of client. The client is asked to inform the counselor minimum of 24 hours prior to the appointment time if they need to cancel or change an appointment time.

**Financial agreement**

Counseling & Coaching services at Gradus Counseling / Handan Titiz Ceritoglu are not reimbursed by insurance. Clients are responsible to pay for the services received at Gradus Counseling as well as any third-party collection and legal costs associated with any recovery of amount outstanding, should they occur.

**Fees**

The fee is CHF 180.00 per one hour of face-to-face sessions and telephone consultations. Other billable services, such as report writing, professional letters, form completion, and review of written records from other specialists are billed at the same rate.

**Cancellation Policy**

Clients who fail to cancel sessions minimum 24 hours prior to the scheduled time will be billed fully.

**Billing and Payment**

Payments can be made at the end of each appointment or through monthly billing, expected to be paid within 14 days of receipt. Failure to make payments on time will make it not possible to book another session until all outstanding fees are paid.

**Rights and responsibilities**

The client has a right to be treated with respect, dignity, and without discrimination regardless of age, gender, mental and physical status, sexual orientation, race, belief system or ethnic background. The counselor is expected to make their best effort to conduct counseling as competently as possible. The client has a right to ask questions at any time, be informed by the counselor as to their qualifications, areas of specializations and limitations, and the code of ethics which they follow.

The client may stop counseling at any time and has a right to view their file notes at any time and to know what is being recorded about them.

The client is responsible for setting goals for their counseling and review them as required. The client is asked to cooperate with the counselor in evaluating the process and working toward achieving their self-identified goals.

I have read and fully understood the information above and agree to comply with the specified terms.

Client:

*Name Date & Signature*

*Handan Titiz Ceritoglu*

*Date & Signature*