DARLENE F. CROSS, M.S., M.F.T., Inc.

Licensed Marriage & Family Therapist #0772
528 Blanche Court
Henderson, NV 89052
(702)433-4411

TREATMENT AND FINANCIAL AGREEMENT

I acknowledge that Darlene F. Cross does not discriminate or refuse professional services to anyone on the basis of race, gender, religion, national origin or sexual orientation.

I understand all information shared within sessions is confidential and may not be revealed by the treatment provider to anyone without my consent, ***except where state law requires reporting of threats of violence of harm to self or others, evidence of suspected child or elderly abuse and/or neglect,*** **or when information is subpoenaed by the courts.**

I further understand that confidentiality cannot be ensured for communications via any and all electronic communication devices, including but not limited to telephones and internet. I also understand Darlene cannot ascertain the state of origin of any electronic communications she receives from me, and as a licensed professional in the State of Nevada she will uniformly adhere to the Nevada Code of Ethics.

I request that Darlene F. Cross provide professional counseling services to me, individually, and/or with my partner and/or with my family. I agree to pay her fee of $120 per 50-minute session for these services for individual treatment and $150 per 50-minute session for partner and/or family treatment. I understand that payment is due at the time of service, unless previous arrangements have been made. I further understand that the fee for service increases by $20 per session if any billing services are required, and that returned checks will result in a $25 processing fee.

Payment can be made by check or cash or with debit or credit cards through *Pay Pal* at paypal.com sent to darlenecross@cox.net. *Pay Pal* payments must be made no later than the date of the meeting and a $5 service charge per session will be added to the regular fee to use this service.

I understand that failure to cancel a scheduled appointment at least 24 *BUSINESS* hours in advance or failure to show up for a scheduled appointment will result in a full-fee charge for the reserved time. (Emergency cancellations will be considered on an individual basis.)

I understand that by signing this agreement, I am giving my voluntary consent to treatment and agreeing to the terms of this financial contract. My signature indicates that I agree to the terms of this contract and have received a copy of this document.

_____ _____
Signature Date

_____ Printed Name

I, Darlene F. Cross, have discussed this contract with the client and provided a copy.

_____ _____
Darlene F. Cross, M.S., M.F.T., #0772 Date

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