

# *Liberation Therapy Client Agreement*

Last Name	First Name
Last Name	First Name
Home Phone	Cell Phone1 Cell Phone2
Address	
Briefly describe why you are here: _____	
What is your primary goal? _____	
Secondary goal? _____	
Names of others who may be joining therapy later:	
Is anyone receiving treatment for other concerns physical or mental? Please describe?	

## Agreement/Commitment

We/I the member(s) of the \_\_\_\_\_ family commit to collaborate with the above consultant/agency in my/our pursuit to create a better life situation. I/we further understand that neither the above consultant, nor any partnering agency is responsible for any personal dissatisfaction that I/we may have with services rendered. However, the consulting agency will make every effort to insure my/our satisfaction with services provided.

I/We understand that professional counseling requires my total honesty and participation. Therefore, we/I will do everything that I/we can to facilitate the counseling process so that we/I may achieve my/our goal(s). I/we also take full responsibility for achievement of the goal(s) specified above. I/we further understand that I/we may amend this contract to include other goals in future sessions or terminate services at will.

\_\_\_\_\_ ((Intls))

### Confidentiality

I understand that strict confidence will be maintained throughout the therapeutic sessions. I give my permission for my therapist, Dr. Debra Nixon, to record sessions for professional purposes (research): reports, articles and/or presentations or consult with colleagues regarding my case. I understand that I will be given a pseudonym (fake name) to insure that my identity is concealed. Files on my case will be kept confidential except where it is otherwise required by law. I understand that there will be no payment of any sort for my participation in research or publications. My signature below is an indication that I understand and agree to these terms.

I have read the information pertaining to Liberation Therapeutic Service both listed Dr. Nixon's website and that noted in this written client agreement and I am noting my agreement with the contract by my signature below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Practitioner \_\_\_\_\_ Date \_\_\_\_\_

***If you or anyone in your household is experiencing an emergency prior to our meeting***

***Please dial 911 for immediate attention***

***Note: Please print this form and bring it to your first session.***