



Agreement of Participation

I, _____ agree that I (or my child) will participate in outpatient counseling at New Vision Counseling Center, LLC (NVCC). In part of this agreement, I (or my child) make the commitment to be at NVCC at a mutually agreed upon day and time.

I also understand that if I (or my child) am unable to attend counseling for any reason, I will need to give NVCC at least 24 hours notice. I am already aware that I will be responsible for paying the missed visit fee of any appointment not cancelled with a 24 hour notice.

Lastly, I will acknowledge that if I (or my child) miss more than 2 appointments and do not give NVCC at least a 24 hour notice, that counseling services may be discontinued and that I will receive an appropriate referral.

Printed Name

Date

Signature

Date

If Applicable, Child's name: _____

Therapist

Date