

Fee Agreement & Consent to Treatment

Deborah Orandon, MS,NCC, LMT
Self-Awareness Counseling
7409 SW Capitol Hwy #207
Portland, OR 97219
(503)729-9662

My counselor and I agree that my counseling fee will be \$_____ per
_____ minute session.

Please note any other conditions of fee agreements: _____

I agree to pay in full before the beginning of each session. I agree to discuss any changes in my income that may affect this fee with my counselor during our session. I understand that periodically fees may increase and that I will be given at least three months notice before these changes take effect.

I understand that the purpose of the counseling process is to work toward positive and lasting change and that this process can sometimes be difficult and take time. I also understand that there are risks involved in undertaking therapy, and that sometimes increases in stress and painful emotions can be part of the counseling process. Having had the opportunity to be informed about the nature of treatment, to discuss any questions about the above risks, I understand my rights and responsibilities for the services rendered by this counselor and hereby consent to treatment with Deborah Orandon. I understand that I may revoke this consent at any time.

Client's signature

Date

Counselor's signature

Date