

Human Connections Counseling Services
Mark Felber, M.S., L.P.C., L.C.D.C., C. P., CET II
Plano, Texas
Office: (214) 796-2323
www.MarriageCPR.com

Therapist/Client Attendance Contract

1. In the event that you will not be able to keep an appointment **“for any reason,”** you must notify me 24 hours in advance, or you will be charged the **“entire fee”** for the session. My voice mail may be reached 24 hours a day, and the date and time of phone calls are recorded.
2. The second time you fail to give me at least a 24 hour notice when you cannot make a session, your next appointment will be no sooner than three months from the date of the missed appointment.
3. **A pattern of more than two to three missed appointments or cancellations per year** may be cause for termination or the revocation of your standing appointment requiring that you make future appointments on a week to week basis depending on the availability of current appointment times.
4. If you fail to attend your sessions on a regular and consistent basis and your therapy sessions are terminated for failing to comply with this contract, I will attend to your mental health needs for a period of 14 days after the termination date, to give you ample time to find another mental health practitioner.
5. By your signature below, you are indicating that you have read and understood this document, and/or that any questions you have had about this statement have been answered to your satisfaction.

Client	Date	Therapist	Date
--------	------	-----------	------

Client	Date
--------	------

NEW CLIENT INFORMATION

Your Email Address:

_____ @ _____

Date _____ Referred by _____

Full Name _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Work Phone _____ Cell Phone _____

Age _____ Date of Birth _____

Driver's License # _____

EMERGENCY CONTACT

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Family Doctor _____ City _____ Phone _____

Credit Card Information

***Required:** I consent to the use of my credit card for appointments broken without 24-hour notice and for unpaid services:

Credit Card # _____

Exp Date _____

Signature _____ Date _____

*MC and Visa are accepted. (We do not take Am. Express or Discover.)