

DARLENE F. CROSS, M.S., M.F.T., Inc.
Licensed Marriage & Family Therapist #0772
Henderson, NV
(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 with Darlene is confidential and may not be revealed by Darlene to anyone without my written consent, *except where state law requires reporting of threats of violence of harm to self or others, where there is reasonable 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 agree and understand that in the case of a medical emergency, I am to call 911 and not rely on messages left for Darlene for immediate response or treatment.

I request that Darlene provide professional counseling services for me, individually, and/or with my partner/spouse and/or with my family. I agree to pay her fee of \$150 per 50-minute session for these services for individual treatment and \$180 per 50-minute session for partner and/or family treatment via cash, check, debit or credit card (\$5 fee for debit or credit cards). 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 if any billing services are required.

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.)

Patient/Client agrees to defend and indemnify Therapist from and against all allegations, claims, actions, suits, demands, damages, liabilities, obligations, losses, settlements, judgments, costs and expenses (including without limitation attorneys' fees and costs) which arise out of, relate to, or result from any act or omission of Therapist's treatment of Patient/Client whether or not involving a third-party claim. Therapist shall promptly notify Patient/Client of any actual or prospective claim for which defense or indemnity is sought. In the event that a claim is made, Therapist shall have the right and option to undertake and control such defense of such action with counsel of its choice and to settle any such claims.

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 can request and receive a signed copy of this document.

Signature

Date

Printed Name