



EVANS COUNSELING

Helping you to find your inner empowerment.

Basic Information Acknowledgment

I/we have read and understood the Basic Information and Treatment Agreement. I/we understand and accept the terms as outlined in regards to appointments, confidentiality and client rights and responsibilities. I/we understand the fees for services and that any appointments cancelled with less than 24-hour notice will be subject to a \$65 out of pocket fee.

Signature

Date

Spouse Signature

Date

Parent/Guardian Signature

Date