

# Andrea Chvatal, PLLC

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## Consent for Counseling Services

Client's name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

If Client is a minor, Parent or Legal Guardian name \_\_\_\_\_

I, \_\_\_\_\_, (hereby known as "the Client") give full consent to Andrea Chvatal, PLLC, for evaluation, consultation and counseling services for myself / my child (*circle one*) until I notify Andrea Chvatal, PLLC or it is determined by the counselor that counseling services are no longer necessary or beneficial. I understand that counseling services may become uncomfortable or difficult at times, throughout the course of treatment. There is an expectation that the Client will benefit from the services provided, but there is no guarantee of benefit. There is also an understanding that symptoms may worsen before improvement and there is no guarantee of improvement.

## Confidentiality

Information shared with my counselor at Andrea Chvatal, PLLC is considered confidential and private. I understand, however, there are certain situations that warrant providing confidential information without Client's consent, which includes, but is not limited to, the situations listed below. Should disclosure be necessary, Andrea Chvatal, PLLC, will make every reasonable effort to inform the Client of the disclosure.

- If the Client states he or she is in life-threatening danger
- If the Client states he or she is a danger to themselves
- If the Client states he or she is a danger to another person
- If the Client states that he or she has abused or neglected a minor, disabled or elderly person
- If the Client files a suit against Andrea Chvatal, PLLC
- If a court order, legal proceedings or other statute require disclosure
- If the Client is a minor, parents or legal guardians have access to medical records unless limited via a court order.

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## Records

Records are maintained in a secure manner at all times. Client records are only kept for the counselor to chart and review progress. I understand I may request a copy of professional records at any time and the counselor can provide a synopsis of the course of treatment in lieu of actual records. I agree to pay, in advance, for the preparation of these records.

## Payment

Payment is due on the day of each session. The client understands leaving a credit card on file will expedite the payment process as Andrea Chvatal, PLLC will charge Client the morning of each scheduled appointment. Personal check, Venmo, Visa, MasterCard and American Express are all forms of acceptable payment.

If Client needs a receipt for insurance, it is the Client's responsibility to ask for a receipt after each session.

## Cancellation Policy

Cancellations or rescheduling an appointment needs to be communicated to Andrea Chvatal, PLLC, no less than 24 hours before scheduled appointment. If the cancellation or reschedule is within the 24 hours before the original scheduled appointment, Client understands that after the first incident, any further cancellations or reschedules will be charged the full amount for a session. Carefully consider all appropriate schedules before confirming an appointment with Andrea Chvatal, PLLC so cancellations and rescheduling are minimum.

By signing below, I confirm I have read and agree with the above statements

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Client's Signature

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Date

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Client's Printed Name

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Counselor's Signature

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Date