

Elizabeth Hess Stamper, LMHC
2085 Hwy A1A, Unit 3601
Indian Harbour Beach, FL 32937
703-887-6571 EHStamper@gmail.com

CLIENT AGREEMENT

I affirm that I am entering into this therapy relationship freely and will participate as fully as I can including completion of any assignments between sessions.

I understand that my development as a person may require me to move beyond what's comfortable and familiar and that I am the one who ultimately decides how much to stretch.

Confidentiality regarding my work with Elizabeth will be honored and maintained.

If I find myself disengaging from the healing process, I will do my best to let Elizabeth know when it happens so we can discuss what might help me re-engage fully.

I agree to be as open and candid as possible to gain the most from therapy.

Cancellation policy: Please communicate all cancellations and scheduling requests via this email: ehstamper@gmail.com.

If cancelled less than 24 hours before appointment time, then fee is \$45. Fee may be forgiven if due to unforeseen circumstances or if therapist is able to rebook the time.

How to Pay

Cash or check to: Elizabeth Stamper

Zelle: NEW VISION COUNSELING CENTER, ehstamper@gmail.com)

Venmo: Elizabeth-Stamper-7 703-887-6571

PayPal:* NEW VISION COUNSELING CENTER, [paypal.me/ESTamper497](https://www.paypal.me/ESTamper497)

**Please add \$3 for PayPal's fee.*

(name – printed)

(name – signed)

(date)