PAMELA BASS COUNSELING SERVICES PC
11330 Q ST, SUTE 207 OMAHA, NE 68137 (402) 960-1652

CONSENT FOR TREATMENT:
Therapy is designed to help you cope more effectively with daily stressors, inner conflicts, and common problems which have adversely affected your life. Your active participation, in and out of session, is encouraged. The work at times may be hard. I have 25 years of experience working with a diverse clientele. I come from a Christian worldview and have helped many clients who do not share the same worldview. If at any time you have any questions, please contact me. You may withdraw from counseling at any time.
Your signature below indicates that you have read this Consent for Treatment statement and agree to therapy with Pamela A. Bass.

_____ _____
Signature of Client/Guardian **Date**

OFFICE POLICIES, CONFIDENTIALITY, AND CONTRACT
The laws of the state of Nebraska require that most issues discussed in therapy with a licensed psychotherapist or supervising psychologist are confidential. However, the release of confidential materials is required in situations of suspected child or elder abuse or neglect; of potential harm to yourself or others; or where a judge has subpoena records. If you wish me to communicate with someone, you will be asked to sign a Release of Information Form.
CONFIDENTIALITY AND ELECTRONIC DEVICES: You may want to communicate via email and/or text message for convenience. Please be aware that Confidentiality ***CANNOT*** be ensured using these methods. Please indicate if you want to make contact with me or want me to contact you using either method. Please select preferred method(s).

EMAIL: YES NO **TEXT: YES NO**
Address:_____ Phone: _____
#2 address: _____ Phone #2: _____

_____ _____
SIGNATURE **SIGNATURE**

APPOINTMENTS AND CANCELLATIONS:
Appointments are weekly and as needed. Please discuss your expectations with me during the first session. A therapy hour is 50 minutes. If you are late, the session will still end on time. Sessions will decrease as therapeutic goals are met. If you need to cancel, please do so within 24 hours of your appointment. If you don't, there is a $50 charge.

FEES: Fee Schedule Available Upon Request.
Payment is required at time of service.

BOUNCED CHECKS:
A $40 charge will be applied to any bounced check.

EMERGENCY:
An emergency is defined by "a sudden and unexpected occurrence or situation that demands immediate action". Having suicidal or homicidal thoughts is an emergency. If you cannot reach me, please call 911 or go to the nearest Emergency room.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND AGREED TO THIS CONTRACT

_____ _____ _____
CLIENT SIGNATURE **CLIENT PRINTED NAME** **DATE**