

PROFESSIONAL SERVICES CONTRACT

I, _____,

hereinafter referred to as the Client(s), has this day, retained Walker E. Marsh, Jr., Ph.D., LMFT., to provide psychotherapy and/or family therapy.

It is expressly understood that Dr. Marsh, has not and will not issue any guarantee of cure or treatment effects, numbers of sessions, or total costs of services. It is further understood that Dr. Marsh will be obligated to maintain a reasonable standard of care for practicing Licensed Marriage & Family Therapists and Licensed Professional Counselors.

The Client(s) agree that all fees and charges shall be due and paid at the time treatment is rendered and that payments in arrears of more than two sessions will result in the cessation of therapy until the account is made current. We, the undersigned therapist and Client(s), have read and understand both the policies of the therapist detailed in the Declaration of Practices and Procedures and the terms of this agreement. We agree to honor these policies and the terms of this agreement including the agreement to negotiate and mediate as stated above, and will respect each parties views and differences of opinion in such mediation. This contract is entered into voluntarily by the Client(s) without purpose of evasion, and in full competency and understanding of all the requirements and consequences of failure to abide by this agreement.

Client(s) Signature: _____ Date: _____

_____ Date: _____

Signature: _____ Date: _____

Walker E. Marsh, Jr., Ph.D, LMFT

Supervisor's Signature: _____ Date: _____

Claude A. Guillotte, M.Div., LPC, LMFT

I, _____, give permission for Walker E. Marsh, Jr., Ph.D., LMFT
(Name of Parent or Guardian)

To conduct therapy with my _____,
(Relationship) (Name of Minor)

(Signature of Parent or Guardian)

(Date)