

POLICY STATEMENT

WILL ETHERIDGE AS YOUR COUNSELOR AGREES TO:

- Provide counseling for individuals, couples and adolescents.
- Communicate with other professionals involved in your treatment as requested by you and only you with a signed release from you.
- Provide referrals to agencies and services as requested.
- Report any suspected abuse or neglect of a child or elder or harm to self or others according to Colorado Law

WILL ETHERIDGE AS YOUR COUNSELOR WILL NOT:

- Will NOT provide involvement in legal cases or testify in court, unless ordered by a JUDGE. If ordered by a judge to testify in court, I will only appear as a fact witness and will NOT provide expert testimony
- Will NOT evaluate for psychiatric or medical diagnosis including but not limited to: sexual/physical abuse, depression, ADHD, or any other form of neglect
- Will NOT monitor or prescribe medications of any kind
- Will NOT provide 24 hour crisis care.

CLIENT AGREES TO:

- Commit to completing the therapeutic process as it relates to the agreed upon goals, knowing that I can terminate at any time for whatever reason.
- I will give the therapist three sessions notice before terminating therapy.
- I will respect the 50 minute session by being on time, unless extenuating circumstances arise and will request and pay for any additional time that I need.
- I understand that any additional time requested by the therapist will accrue a charge (hourly rate) and includes: response to emails (charged in 15 minute increments), phone sessions (charged in 15 minute increments), time spent as expert witness (charged at \$150 an hour).

I have read the above information and agree to all of Etheridge Counseling policies and agreements. I will not allow my attorney to subpoena Will Etheridge for any reason.

CLIENT (Print Name) _____

CLIENT SIGNATURE _____ DATE _____

If Signed by a responsible party, please state relationship to client and authority to consent:
