



**Account Information  
and Agreements**

**Presbyterian Counseling Center**

430 Braddock Avenue, Daytona Beach, FL 32118 † 386-258-1618 † Fax 386-253-4215

**Client Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Address** \_\_\_\_\_ **SocSec#** \_\_\_\_\_

**Phones** Home \_\_\_\_\_  Ok to leave messages  
Cell \_\_\_\_\_  Ok to leave messages  
Work \_\_\_\_\_  Ok to leave messages

Additional contact ( spouse in couple counseling,  parent/guardian for minor,  \_\_\_\_\_)

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**Address** \_\_\_\_\_

**Phones** Home \_\_\_\_\_  Ok to Leave Messages  
Cell \_\_\_\_\_  Ok to Leave Messages  
Work \_\_\_\_\_  Ok to Leave Messages

In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

**Fees**

I understand and agree my fee will be \$ \_\_\_\_\_ per appointment.

Will someone else beside yourself be involved in helping you pay your fees?

- Insurance *Please see the Insurance Worksheet for what you must do to involve them.*  
 Someone else. (Who should we talk to? \_\_\_\_\_ Phone \_\_\_\_\_)  
They will help with \$ \_\_\_\_\_ per appointment for \_\_\_\_\_ appointments.

**Agreement and Consent:** I have received and **agree to the policies** of the Presbyterian Counseling Center regarding appointments, fees, cancellations, after-hours phone calls, confidentiality, consultation and supervision, payments, insurance and billing, and the notice of privacy practices regarding protected healthcare information. **I consent to treatment** in accordance with those policies, and **I agree to pay** the above fee for every appointment I make.

\_\_\_\_\_  
*Signed*

\_\_\_\_\_  
*Date*