

# **Rachel Birch, LCSW**

## **Family and Individual Counseling**

1985 FM 758 New Braunfels, TX 78130

(509) 596-8677 cell; (830) 620-1175 office; (830) 620 1176 fax

### Personal Agreements

I understand that I may be asked to do certain "homework exercises," such as reading, meditating, changing behaviors, etc. I understand that I am responsible for my own actions and I choose my final decisions regarding counseling.

I further understand that my progress is dependent upon my own honesty and willingness to act on my values, though this sometimes may make me feel vulnerable.

I understand that whatever I say in a session is strictly confidential and will not be disclosed to anyone without my consent unless I am violating codes of abuse, harm to myself, or harm to others.

I understand the fees associated with counseling, and I will pay in full for appointments at the time services are rendered.

NOTE: No shows (and cancellations less than 24 hours in advance) are billed at \$70.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_