



Informed Consent and Procedures

William 'Cory' Martineau, LPC, NCC

Introduction

Welcome to Martineau Counseling, LLC, and thank you for choosing me to help you with the personal struggles that you are going through. This document contains important information regarding professional services, business policies, your client rights, privacy, protection, and confidentiality. Please read the following documents carefully. If you have any questions, please ask for more information at any time during the counseling process.

Qualifications and Education

I am a Licensed Professional Counselor (LPC-7719) and National Certified Counselor. I have a Master's of Science Degree in Clinical Mental Health Counseling with emphasis areas in trauma, grief, and crisis and Viktor Frankl's Logotherapy. My education and experience has prepared me to counsel individuals, couples, groups, parents, families, children, and adolescents.

Supervision

I am actively pursuing status as a Licensed Clinical Professional Counselor (LCPC) and working towards my Certification in Eye-Movement Desensitization and Reprocessing (EMDR) through EMDR International Association (EMDRIA). Part of the supervision process includes clinical supervisors, and possibly training groups, viewing my session recording in order to give instructions, feedback, and encouragement. I would like you to think of the supervision as positive for you as well, as feedback on my sessions will allow me to give you the best care and assistance.

Clients understand that all recordings will be kept confidential in compliance with HIPAA regulations and viewed only as part of my supervisions. The counseling profession has strict ethical guidelines on how you recorded session must be viewed and maintained. During viewings, your case will be discussed and reviewed. Your identity and privacy will be protected during this time in compliance with HIPAA regulations. I will take responsibility for destroying recordings after they have been viewed.

Clients consent to the video taping of therapy sessions with me. They are aware of the presence of recording equipment and permit the use of all/part of the recordings for the purpose of:

- Consultation with my individual supervisor



- Consultation with a clinical supervision team and/ or training group
- Consultation with a representative from EMDRIA

Additional Supervision may be required due to professional and insurance requirements; if that becomes the care you will be notified within 30 days of that supervisory role beginning.

Theoretical Framework

My theoretical framework comes from several different therapy modalities which include Acceptance and Commitment Therapy (ACT) and EMDR.

- ACT is part of the Third Wave Cognitive Behavioral Therapies, and was developed by Dr. Steven Hayes and colleagues. ACT focuses on six core processes which together can help individuals increase their psychological flexibility towards difficult situations and help them become “unstuck” from the issues they are struggling with
- EMDR was developed Dr. Francine Shapiro and has been found to assist in the processing of difficult life events. EMDR utilizes bi-lateral stimulation and the brains natural adaptive informational processing to help clients process memories that are dysfunctional so that they are stored correctly within our minds.

I do integrate other therapy modalities that I believe are complementary to ACT and EMDR, which includes, but not limited to, Solution Focused Therapy (SFT), Compassion Focused Therapy (CFT), Logotherapy, and Polyvagal Theory. With compassion and empathy, I work with each individual to help them develop skills and abilities to work towards the person they want to be.

I believe that many of our issues do stem from the avoidance of our painful thoughts, sensations, emotions, and other difficult experiences. This is why I choose to work with my clients using ACT. ACT assists individual in being able to be with their difficult and painful experiences rather than avoid them so they can move towards those actions which are most important to them. I have found ACT to be beneficial with individuals struggling from a wide range of issues including trauma, depression, and anxiety.

Risks, Benefits, and Alternatives to Counseling

Counseling has been shown to have many different benefits to those who undertake it. These benefits can include a decrease in feelings of distress, increased satisfaction in interpersonal relationships, greater awareness and insight, increased skills for managing stress and the resolution to specific problems, and numerous other benefits. However, there are no guarantees when it comes to counseling and its benefits.



Counseling also comes with its risks such as an increase in uncomfortable feelings such as sadness, guilt, anxiety, anger, and frustration. Exploration into ourselves can also lead to changes in perspective that can affect current life situations such as relationships and career choices. It is also not uncommon for things to get worse before they improve as we start talking about unpleasant or painful experiences.

Counseling is a process that is different everyone and, again as stated above, there is no guarantee it if it will work or how fast it will work. It requires a very active effort on your part, and in order to more successful you will have to work on things we discuss outside of your sessions. There are many alternatives to counseling that you may find helpful, and I am willing to discuss other options that you may be currently doing or are considering doing at any of our sessions.

Physical Health

Psychological disorders and symptoms often have a strong correlation with medical illnesses. At times, some medical conditions require a medical differential diagnosis to determine symptom etiology. If your presenting symptoms are organic in origin, it is critical that you obtain medical treatment. Therefore, if you have not had a physical in the last six months it is recommended that you do so. In addition, prescription and nonprescription medications may have significant side effects that may be important for us to consider. I expect full disclosure of all medicines and drug intake and may request a Release of Information so that I can coordinate therapeutic services with your physician.

Statement of Relations

Counseling at times can feel very intimate as you will share intimate details about your life. Our relationship is a professional one in which I am providing clinical services for an agreed upon fee. Our contact will be limited to the agreed upon schedule, except in the case of emergencies. Invitations to events, offering of gifts, or interactions outside of our agreed upon treatment schedule will be talked about between you, the client, and myself the professional. In most cases these offers and invitations will be declined due to any possible effect it may have on my objectivity, clinical judgment, and therapeutic effectiveness provided to you the client. Progression towards your goals will be served if our sessions and communication concentrate exclusively on your goals and clinical concerns.

Sexual intimate relationships are **never appropriate with client or client relatives** and should be reported to the Idaho Bureau of Occupational Licenses immediately.



Counseling Process

Counseling is a process that uses specialized techniques of caring, listening and providing support, insight, guidance and/or suggestions. The counseling process involves exploring feelings, thoughts, motivations, and dynamics of relationships. Counseling may offer effective help for people suffering from a wide range of difficulties, such as emotional distress, depression, anxiety, fears, conflicts in relationships, significant loss, life transitions or career/academic difficulties. Counseling can also be helpful in fulfilling aspirations for personal growth or self-improvement. Clients with disorders that require medical intervention by a physician or psychiatrist will be referred to the appropriate professional and consultation with the counselor will continue, as appropriate.

After an initial consultation and assessment, I will make an official diagnosis which will be used for the purpose of billing, treatment planning, and the process of counseling. If you have any questions about this and how it could affect you, please do not hesitate to ask. I will work with my clients to determine appropriate goals and interventions that will work best to empower them to reach their goals. My goal in the therapeutic process is to assist individuals in developing skills, knowledge, and abilities to achieve the goals they want in their lives. These goals will be re-evaluated over time and changed, if necessary, with the consent of the client.

Distance Counseling

Distance counseling sessions have limitations as well as possible benefits compared to in-person sessions. Among the limitations are the lack of “personal” face-to-face interactions, and the lack of visual and audio cues that may be available in session. Distance counseling is not a substitute for ongoing care being provided by a psychiatrist or medical doctor. Distance counseling is not appropriate in all situations or with all clientele.

Currently the State of Idaho has no requirements on the usage of technology in the practice of counseling. However, the American Counseling Association has ethical guidelines which I follow in providing distance services. The use of distance counseling offers unique benefits and limitations to the services that I provide. Some of these limitations are:

- Possible authorized and/or unauthorized access to your information disclosures using this medium
- Possibility of technology failure
- Communication difficulties in electronic media
- Jurisdiction Issues
- Possible denial of insurance benefits



Under best practices all distance counseling will be done per an agreed upon cost. Any cost associated with distance counseling, may not be covered by insurance and the client is financially responsible to pay. For sole Idaho licensed professionals, both the client and clinician must be within the boundaries of the State of Idaho during distance counseling service. If a client moves out of state, Idaho law, and possibly the client's insurance will require licensure in that destination state. In emergency situations, services may be rendered when client or clinician is outside the boundaries of the State of Idaho in order to facilitate safe passage to local emergency services, maintain therapeutic relationship during a lengthy stay outside the boundaries of the State of Idaho or in order to effectively transition to another counselor when moving out of state.

Specific requirements and procedures for those clients requesting distance counseling services will be provided and reviewed with the client by the providing counselor.

Social Media & Electronic Communications

Counselors may maintain both a personal and professional presence in social media. Counselors may not and will not respond to any request and/or comment placed by individuals that may disclose confidential information.

Counselors maintain appropriate boundaries with clients and clients' families regarding social media presence and electronic presence. Counselors will not search out or initiate contact with clients through any social media or technology means without written consent from client. Counselor will also not accept any friend requests or requests that are sent over social media.

If the client chooses to communicate with counselor through electronic means such as text messaging, emailing or cellular communication, the Client recognizes that these communications may not be transmitted in a confidential setting. Clients are expected to limit contents of communication to basic issues such as cancellation or change of appointment times and/or change in contact information.

Confidentiality

In general, the law protects the confidentiality of all communications between a client and counselor, and I can only release information to others about your counseling only with your written permission (in the form of a Release of Information).

However, there are a number of exceptions where information may be shared without your written permission:

- Client reports a serious and foreseeable danger to self / others



- Client reports a contagious, life threatening disease
- Child being abused / neglected
- Individual unable to care for themselves is being abused / neglected
- Client is below 18 years of age, parents have rights to therapeutic information
- Client requests release of information
- Court orders
- Subordinates who process client information and papers
- Clinical supervision/consultation
- Legal and clinical consultation situations
- Third Party Payers requests relevant clinical information

When a family or couple comes in for counseling, I will uphold their right to confidentiality. Within the family unit, I will encourage any "secret" relevant to counseling to be disclosed by the member holding it. When meeting with couples or families, in order to provide the safest therapeutic environment possible, **it is my policy not to release information requested in the future without written approval by all parties.**

In order to give you the highest quality service possible, I consult regularly with other professionals about my work with clients. I do not refer to any clients by name. I am happy to disclose to you the names of professionals I may consult with regarding your situation

Record Keeping

Both law and the ethical standards of the counseling profession require that I keep treatment records. You are entitled to receive a copy of these records. If you wish to see them, I may prefer to prepare an appropriate summary instead. Client records are professional documents; they can be misinterpreted and can be upsetting. If you insist on seeing your records, it is best to review them with me so that we can discuss their content. Clients will be charged an appropriate fee for any preparation time that is required to comply with an informal request for record review.

If you are under 18 years of age, the law provides your parents/guardians the right to examine your treatment records. If you are over the age of 14, you must give written approval for these records to be released. Your records will be kept for 7 (seven) years after termination of counseling services. For minors, 7 (seven) years after the minor turns 18 (eighteen). In the event



of incapacitation or death of a client, the treating clinician will maintain the confidentiality of all records, except as outlined in limits of confidentiality.

Contact Hours

My office hours are Monday Through Thursday 9:00 am to 5:00 pm.

While these are my hours I cannot guarantee that I will be available, as I could be with a client, in a meeting, or doing other business. If I am available I will do my best to answer your call, however if I am not available I will make every effort to return your call the same business day. If you need to reschedule please reach out by calling the office at 208-398-0009. Calls made after-hours, on weekends, or holidays will be returned as soon as possible. If you are working please leave me times when you will be able to accept a return phone call.

If a life threatening crisis should occur, you agree to contact the local crisis hotline at 800-785-2433, call 911, go to the emergency room, or go the nearest mental health crisis center (treasure valley crisis centers are located below).

Pathways of Idaho Community Crisis center

7192 Potomac Dr.

Boise, Idaho 83704

1-833-527-4747

Western Idaho Community Crisis Center

524 Cleveland Blvd Suite 160

Caldwell, Idaho 83605

1-208-402-1044

Services and Fees

Fees are subject to change.

Services billable to insurance-client may be responsible for full fee

Initial Comprehensive Diagnostic Assessment (CDA)	60 to 90 minutes	\$150.00
Individual/Family/Couples	53 to 60 Minutes	\$120.00



45 to 52 Minutes \$90.00

Fees and services not billable to insurance- Client responsible

No show/ Cancellation \$60

Legal Proceedings, Court Appearances, Deposition 60 Minutes \$600.00

In addition to session fees, there may be charges for other professional services you may need, including, but not limited to, report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. Travel and waiting time will also be incurred.

If you become involved in legal proceedings that require my participation, you will be expected to pay for my professional time even if I end up not being called to testify. Because of the difficulty of legal involvement, I charge \$600 per hour for preparation and all time in attendance at any legal proceeding. These fees are not billable to insurance.

Payment for Services

Payment is due in full at the time of service. Payment may include copays, co-insurance, deductibles, and/or full payment of service. Payment can be made by check, cash, or credit card (Visa, MasterCard, American Express, Discover) and HSA or FSA credit/debit cards. Checks should be made out to Martineau Counseling, LLC.

Fee Changes

During the course of treatment, it may become necessary to increase fees. Fees will be reviewed annually.

Financial Statements

At each session, a receipt will be offered to clients which documents the appropriate information of payment rendered. Monthly statements, reflecting all charges, payments, diagnostic codes, and procedure codes, can be provided, if requested. These statements will be mailed to the address provided, unless you request otherwise.

Cancellation Policy and Fee-Related issues

Once a standing appointment is scheduled, this is your time. All clients will get one free no show/late cancellation within a calendar year (January to December). 24-hours advance notice of cancellation is



required in order to not be charged a no show/cancellation fee. This fee is **Not Billable** to your insurance provider and is due at next session. If a client incurs three cancellations, no shows, or late cancellations within a 90 day period, I may ask to terminate our counseling relationship, and will provide you with appropriate referral sources.

You will be expected to pay for each session at the time that it is held. Payment schedules for other professional services will be agreed to when these services are requested. As the client, you are in complete control of the duration of counseling. You may need only a few sessions to meet your goals or many. You have the right to end, refuse or modify any counseling techniques that we may use in your treatment. You may end counseling at any time, although I do ask for your participation in a final termination session.

Insurance

If you have a health insurance benefits policy, it may provide some coverage for mental health treatment when a licensed professional provides such treatment. I will provide you with assistance to facilitate your receipt of the benefits to which you are entitled, including completing insurance forms as appropriate.

However, you (not your insurance company) are responsible for full payment of the fee.

Carefully read the section in your insurance coverage that describes mental health services and call your insurer if you have any questions. Some managed health care plans such as HMOs and PPOs may require advance authorization before they will provide reimbursement for mental health services. It may be necessary to seek additional approval after a certain number of sessions.

Please be aware that most insurance agreements require you to authorize me to provide a clinical diagnosis, and sometimes additional clinical information such as treatment plans or summaries, or in rare cases, a copy of the entire record. This information will become part of the insurance company's files.

It is important to remember that you always have the right to pay for counseling services yourself if you prefer to avoid involving your insurer.

Complaint Process

Should you have a complaint regarding your treatment, please bring it to my attention so that I may attempt to rectify the issue first. If I am unable to rectify the situation, I will work with you to find an appropriate clinician to meet your counseling needs.

If you feel that you wish to file a complaint regarding my professional services, you may download a Complaint Form from the state licensing board at www.ibol.idaho.gov or you may also request a



Martineau Counseling LLC

FIND THE AUTHENTIC YOU

Martineau Counseling, LLC
410 S Orchard St, Suite 160
Boise, Idaho 83705
208-398-0009

williamcmartineau@martineaucounseling.com

Complaint Form by contacting the Idaho Bureau of Occupational Licenses or by e-mailing the Investigative Unit (inv@ibol.idaho.gov). A written and signed statement of your complaint is required before an investigation can begin. You may fill out an IBOL Complaint Form online, print & sign the form, attach copies of any documents which relate to the problem, and mail it to the IBOL office.

Idaho Bureau of Occupational Licenses

11351 W. Chinden Building #6

Boise ID 83714

208-334-3233

IBOL relies a great deal on individuals, like you, who are willing to provide them with information concerning possible violations of Idaho regulatory laws. They cannot, however, act as a private attorney for those bringing complaints to their attention. Their role in any action arising out of a complaint is to act on behalf of all the people of Idaho.



Client Bill of Rights

- Each client has a right to impartial access to treatment, regardless of race, religion, sex, sexual preference, marital status, veteran status, ethnicity, age or handicap. The personal dignity of each client is recognized and respected in all treatment provided.
- Each client has the right to accept or refuse all or part of their care and/or have the expected consequences explained.
- Each client has the right to exercise personal privacy by withholding consent of family's or significant other's participation and to be informed of the possible consequences of that action.
- Each client has the right to be informed of the nature and purpose of any services rendered and the title of personnel providing that service.
- Each client has the right to participate in the development of their plan of treatment, evaluate the plan of treatment and voice grievances without fear of negative impact on the services provided and be aware of the process of voicing those grievances.
- If at any time during the course of treatment it is felt by the client, family, or guardian that a care-related conflict exists between themselves and provider – they have the right to request their plan be reviewed by a staff consultant or an independent consultant at client's expense.
- The client has the right to request a referral for services, to be involved in the discharge planning process and be made aware of any aftercare needs. • The client will be informed of his/her rights in a language they can understand.
- Each client has the right to be notified of any/all costs of services rendered and any limitations placed on the duration or type of services.
- Each client has the right to inspect and/or obtain a copy of their record, at a reasonable charge.
- Each client has the right to request an amendment to their records.
- Each client has the right to respect that all treatment records or information will be kept confidential in compliance with professional ethics standards and state law. No information will be released without written permission of client or appropriate designee, except as outlined in the following limitations of confidentiality:
 - o **Child Abuse:** If your counselor knows or suspects that an individual under 18 years of age or a developmentally disabled, or physically impaired person has suffered or faces a threat of suffering any physical or mental wound, injury, disability or condition of a nature that responsibly indicates abuse or neglect, he/she is required by law to report



that knowledge or suspicion to the Idaho Child Protective Services, or a municipal or county peace officer.

o **Elder Abuse:** If your counselor has reasonable cause to believe that an elder is being abused, neglected or exploited, or is in a condition which is the result of abuse, neglect or exploitation, he/she is required by law to immediately report such belief to the Idaho Department of Health and Welfare Adult Protection Agency, or a municipal or county peace officer.

o **Judicial or Administrative Proceedings:** If you are involved in a court proceeding and a legal subpoena is made for information regarding your evaluation, diagnosis or treatment.

o **Serious, Imminent Threat to Health or Safety:** If your counselor believes that you pose a clear and substantial risk of imminent serious harm to yourself or to another person, he/she must disclose your relevant confidential information to public authorities, the potential victim, other professionals, and/or your family in order to protect against such harm.

o **Minor Client:** Parties maintaining parental/guardianship legal rights have access to the minor clients complete record, unless the minor is 14 years of age or older. Minor client 14 years of age or older, must give written consent to o release of records.

o **Health Insurance:** Your insurance company has the right to your clinical record, including information about dates of therapy, symptoms, diagnosis, overall progress and past treatment records received from other providers.

o **If a client files a complaint or lawsuit:** Counselor may disclose relevant information regarding the client in order to defend themselves.

Clients have rights protected by State and/or Federal law, and Professional ethical standards.

For information contact: Idaho Bureau of Occupational Licenses

Physical Address: 11351 W. Chinden Building #6 Boise ID 83714

Mailing Address: PO Box 83720, Boise, Idaho 83720-0063



HIPAA Notice of Privacy

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
 - We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer.
 - We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information



- You can ask for a list (accounting) of the times we've shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on the back page.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696- 6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation



- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Other Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways.

Treat you

- We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

- We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

- We can use and share your health information to bill and get payment from health plans or other entities.



Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

- We can share health information about you for certain situations such as:
 - Preventing disease
 - Helping with product recalls
 - Reporting adverse reactions to medications
 - Reporting suspected abuse, neglect, or domestic violence
 - Preventing or reducing a serious threat to anyone's health or safety

Do research

- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

- We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
 - For workers' compensation claims



- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

- We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, in our office, and on our web site.

Consent to Counseling

I have read this agreement in full, and had sufficient time to be sure that I considered it carefully, asked any questions that I needed, and understand it. I understand the limits to confidentiality required by law. I consent to diagnosis in billing, and to release of that information and other information necessary to complete the billing process. I understand my rights and



Martineau Counseling LLC

FIND THE AUTHENTIC YOU

Martineau Counseling, LLC

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208-398-0009

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responsibilities as a client, and my counselor's responsibilities. I agree to undertake counseling with William 'Cory' Martineau, LPC.

Your Signature below indicates that you have read this agreement and the notice of privacy practices and agree to their terms.

Printed name of client or personal representative

Date

Signature of Client or personal representative

Date