Service Agreement

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Our Mission

Thank you for contacting us to serve you. Our mission is to help you make the kind of changes you wish in your life. We offer to help you make the changes you want to the best of our ability and make referrals when necessary with your interests in mind. We are dedicated to inspire and empower individuals, couples, groups and organizations toward their quest for healthier, happier lives through providing professional psychosocial- therapeutic interventions for growth and change.

Services offered

Therapy is a collaborative process with the goal to understand and have tools available to assist you with challenges you face. Sometimes you may express concerns that are uncomfortable and bring on feelings of sadness, guilt or distress. However, it is shown that the process of the therapy improves specific problems and relationships.

Like any relationship, therapy has a beginning, middle and a end. Hopefully, termination comes when success is met. If more assistance is needed, you will be provided with referrals. While you can terminate at anytime, a discussion and review can be helpful to the process.

Services	**Per session**
Individual Counseling	$120
Couples Counseling	120
Group Counseling	30
EMDR	120
Clinical Hypnosis	120
Wellness Programs	Call

Non-payment

After 60 days, any unpaid amount is submitted to a collection agency.

A 30% charge is added for collection agency fees.

Late Cancellation and No Show Policy

Your session is reserved exclusively for you. A failed appointment or cancelled appointment without a 24 hour notice in advance will be charged $120.

Emergencies

In case of emergency, go to your nearest emergency room, or call 911.

My commitment to your privacy

Your confidentiality is important to us. There are certain legal and ethical limits that can be released without written consent. State and federal law mandate that child abuse, elderly abuse, and one who is a threat to self or others will be reported to the proper authority for your protection. When there is a serious threat to your health and safety or the health and safety of another individual or the public. I will only share information with a person or organization able to help prevent or reduce the threat.

By signing this form you authorize that you have received a copy of HIPAA (notice of privacy practices) and that you hold Dr. Stokes-Brewer harmless should your account is turned over to collections or an attorney.

Patient signature___________________________ Date______

Educational and therapeutic downloads can be found at:

changingwayz.com