

**MARTI WIBBELS, M.S., LMHC, LPC, PLLC**

**THERAPY AGREEMENT**

I, \_\_\_\_\_, have applied for counseling and/or assessment services at Marti Wibbels, LMHC, LPC, PLLC) for myself and the following person(s) for whom I am legally responsible.

\_\_\_\_\_  
\_\_\_\_\_

I understand that, due to confidentiality, counseling sessions may not be recorded in any form.

I am responsible for any indebtedness incurred as a result of services rendered to me or those under my guardianship by this therapy or assessments.

I understand that if, during the course of treatment, the counselor determines that a threat of physical harm (including child or elder abuse) to the client or to another person is imminent, by law, the appropriate authorities must be notified, in accordance with Florida or Tennessee statutes.

I further agree to indemnify and hold harmless Marti Wibbels, PLLC, its agents, volunteers or employees from any claim for damages of any nature arising out of or allegedly due to any counseling, instruction or advice rendered by personnel of Marti Wibbels, PLLC, or out of any activity related thereto. I accept full responsibility for any decisions I make regarding my life.

**I have read the above information carefully, understand its contents, and agree, under these conditions, to receive services for myself and/or anyone herein designated.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_