



Mary M. Landon, PhD, LPC  
Licensed Professional Counselor

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Balanced Life Counseling

## **Clients Rights and Obligations**

Because you are a valued client, I want you to know certain important facts about your relationship with me and your rights and obligations. Please read this document carefully and let me know if you have questions.

1. Information revealed or discussed during our counseling sessions will be held in strict confidence with the following exceptions:

- a. Information which indicates an imminent danger to yourself or another person will be revealed to the proper authorities or the person in danger as required by law.
- b. Information subpoenaed by a court or ordered revealed by a judge.
- c. Information which you request in writing to be released to a specific person.
- d. Information which leads me to suspect child abuse and/or neglect is taking place will be revealed to the proper social services department as well as suggesting the likelihood of abuse, neglect or exploitation of aged or incapacitated adults.

2. You have the right to request copies of your records or a summary of those records and provided to whomever you choose.

3. You have the right to review your information with ample prior notice.

4. You have the right to switch therapists and ask for information about other therapists and other community treatment providers.

5. You have the right to question or see information about the procedures and techniques to be used in your treatment.

6. You have the right to prevent, stop and decline treatment procedures.

7. You have the right to end treatment when you wish.

8. Counseling and therapy are often beneficial in helping solve problems, resolve conflicts, and change behaviors. However, because many factors influence treatment outcome, no guarantees about treatment can be offered.

9. In certain situations, counseling and therapy may produce unpleasant emotions and/or result in a change in important relationships. These are important factors to



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be aware of and to discuss with me, as we have a collaborative therapeutic relationship.

10. I am the only practitioner in the practice. Additional therapists in the building are working independent of this practice.

11. Communication with me will be in person or by phone in the interest of protecting confidentiality. Email or text messaging may be used for administrative or scheduling purposes.

12. Your financial obligations are an important part of the agreement to work together. Please read the counseling contract carefully. Your signature indicates that you have reviewed this information and understand the above information.

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Signature of client/parent/legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date

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