

**FAITHFUL AND TRUE MINISTRIES INC.**

15798 Venture Lane Eden Prairie, MN 55344  
Phone: 952-746-3880 Fax: 952-746-3897  
Email: [info@faithfulandtrueministries.com](mailto:info@faithfulandtrueministries.com)  
[www.faithfulandtrueministries.com](http://www.faithfulandtrueministries.com)

**CLIENT AGREEMENT**

This document provides you with some brief information about what you can expect when using our counseling services. Please read carefully and sign below.

**Fee Schedule:** Fees are subject to change. Any changes in fees or fee policies will be posted on our website.

- Initial Intake Session with Dr. Mark Laaser.....\$150
- 1 Hour Individual Counseling Session with Dr. Mark Laaser.....\$150
- 2 Hour Group Session.....\$60
- 1 Hour Individual Counseling Session for Women.....\$100 (with Debbie Laaser only)
- 1 Hour Couple’s Session with Dr. Mark and Debbie Laaser.....\$175

**Payment Policies:**

- We accept cash, checks, Visa, MasterCard, Discover or American Express for payment of sessions. Fees are due at the time services are rendered unless prior arrangements have been made. For payments that are made via credit card, the charges will be shown as “Faithful and True Ministries” and will be charged approximately 3-7 days after each individual or group session. Upon request, a receipt is available for your records. We are not a provider for any insurance company nor do we submit insurance claims.
- You will be charged the full session fee for appointments that are not cancelled at least 24 hours or one full business day in advance.
- If your outstanding balance exceeds \$500.00, we will not be able to schedule new appointments or allow you to attend group(s) until the balance is paid or a payment plan is discussed with our Accounts Manager.

**Client Confidentiality**

- You have the right to any current information concerning your assessment and recommended course of counseling, including expected duration of counseling.
- Your records and transactions are confidential, unless release of these records is authorized in writing by you, or otherwise required by law, for example:
  - If a client threatens to harm someone (including self)
  - If a client engages in irresponsible sexual activity while HIV positive.
  - If a client uses recreational drugs or alcohol irresponsibly while pregnant.
  - If a client has abused, is abusing, or is a threat in the future to abuse physically or sexually a minor or vulnerable adult.
  - If a client is under age 18 and the counselor judges it is in the best interest of the client to share information.
  - As part of an investigation and required by a court of law.

**Email and Cell Phone Use:** The use of email and cell phones to discuss therapeutic issues are *not secure*. While we would never share your email with anyone without your permission, email without encryption can be compromised. You agree that when you//we use email or cell phones, it will be under these conditions.

Our counselors are not “on call” 24 hours so if you experience a life threatening emergency, please call 911 or go to the nearest emergency room.

**Client Signature**

*I have read, understand and received a copy of my “Client Agreement.”*

\_\_\_\_\_ Date: \_\_\_\_\_

Sign Here

Print Name Here \_\_\_\_\_

