

Clear View Counseling and Wellness Center  
4140 W. Charleston Blvd, Las Vegas, NV 89102

*Philosophy on Therapy and Office Operations*

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Philosophy on Therapy

Client and Counselor understand counseling is a cooperative effort between the client and counselor to assist client in achieving his/her goals. It is Clear View Counseling's belief that the client is the expert on his/her own life and that the therapeutic goal is for the counselor to build a supportive environment for the client to explore issues and develop/implement solutions. **Remember** that counseling is a process. The client understands that sometimes presenting issues appear to become worse in the beginning of counseling and there may be setbacks. Client recognizes setbacks are opportunities for learning, not as failures. Clear View Counseling provides client with continued reinforcement to build client's skills and confidence and provides motivation to assist client in resolving his/her issues and to build a healthier and happier lifestyle.

Office Operations

- Client understands and agrees that counseling with Clear View Counseling is for therapeutic reasons only. Client agrees that what is discussed or discovered in counseling is held in strict confidence and is not to be used in the court of law or other situations where confidentiality would be broken. Exceptions to this agreement would be cases of child abuse.
- Counseling sessions are 50 minutes in length.
- Payment may be made with cash, check, or credit card and is to be paid at time of appointment.
- A twenty-five dollar fee will be charged for returned checks.
- Cancellation Policy: 48 hours notice is required. If 48 hours notice is not given there will be a cancellation fee of 50% of the normal fee session.
- Client understands the importance of keeping set appointments. Shall client develop a cycle of canceling appointments, counselor reserves the right to terminate counseling and refer client to another counselor or counseling facility.

I certify that I have read and understand all the above information provided and agree to its contents.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_