



New Client Information and Agreement

Today's Date: _____

Name: _____

Address: _____

Phone number: _____

Can messages be left at this number? Yes No

Email address: _____

Preferred to be contacted by (please choose one): Phone Call Text Email

Age: _____ Occupation: _____

Relationship Status: Single Married Separated Divorced Widowed

of Years in Relationship (if applicable): _____

Emergency Contact Info:

How were you referred to us? _____

What precipitated counseling?

Why is money important to you?

What do you hope to get from or what are your expectations for this engagement?

Client and Practitioner Agreement

1. CONFIDENTIALITY. Practitioner agrees to treat client's data, personal, and business information as strictly confidential. Specific financial or other personal information will not be shared with any other party unless the client signs a written authorization for release of confidential information form provided by Silverbell Solutions, LLC requesting the information to be sent to a specific individual.

2. COSTS. Client agrees to pay costs at the conclusion of each session. Rates are \$200 for a 60-minute session, and if more time is used for that session, it is billed in 30-minute increments at \$50 per increment. The first session is \$250 and will be 90 minutes, unless agreed upon in advance, due to extra paperwork and time required for the initial intake session. If the client is billed because payment was not made in full at the end of the session, the unpaid amount together with a \$25 late fee must be paid within 7 days (5 business days) of the billing date. If the bill and late fee are not paid within this period, any future meetings will not occur until full payment is made. Practitioner agrees to bear all support costs associated with this contract relationship between clients and financial therapist (telephone, fax, postage, and printed materials).

3. CANCELLATIONS AND RESCHEDULES. Client must give 48 hours advance notice to change, reschedule or cancel a session. Practitioner will charge 50% of the session cost for changes or cancellations given more than 24 but less than 48 hours in advance. If less than 24 hours advance notice is given, practitioner will charge 100% of session rate for the missed, changed, or cancelled session. No future sessions will be booked until payment for changed, missed or cancelled sessions is made. All changes or cancellations must be made in writing.

4. NO-FAULT. Client acknowledges that Silverbell Solutions, LLC services are informational, educational, and supportive only. Client bears sole responsibility for the use of these services and agrees to forever indemnify and hold harmless Silverbell Solutions, LLC, Practitioner, and their agents from and against any loss, cost or expense whatsoever resulting from actions of the client or its employees related to the services provided. Silverbell Solutions, LLC does not engage in any form of Mental Health Therapy, Legal, Accounting, Tax, Investment or Financial advice or practices and cannot be held liable for such.

5. REFUND POLICY. Practitioner will not reimburse client for any past payment for sessions that have already occurred.

Authorization for Financial Therapy (after reading the Client and Practitioner Agreement and Description of Services):

I/We (print names) _____
authorize Silverbell Solutions, LLC to provide financial therapy services to me/us.

Signature of Client: _____ Date: _____

Signature of Partner (if applicable): _____ Date: _____