

George Laws Social Work Services LLC

Licensed Clinical Social Worker

EMDR Practitioner

Somatic Experiencing Practitioner

CLIENT APPLICATION for George Laws Social Work Services

CLIENT NAME: _____

(Also provide child's information if child(ren) is a client)

ADDRESS: _____

PH: H _____ C _____ W _____ EMAIL _____

OCCUPATION: _____ EMPLOYER: _____

NAMES OF OTHER PARTIES _____

OTHER INFORMATION:

I voluntarily consent to participate in the mental health services of George Laws, MSW, LCSW, SEP. at GLSWSLLC.

I understand that **I am responsible for payments** of \$125.00 per session, at the time services are rendered, or as agreed upon, with/or without a retainer in the amount of \$_____.

I agree to give notice of a cancellation for an appointment, at least 24 hours prior to the event. If I fail to give such notice, I understand that I am liable for full payment of that session (regardless of co-pay arrangements).

I agree to provide any necessary forms or documentation to assist in settling my financial account.

BY SIGNING BELOW, I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Name in Print _____

Signature: _____ **Date:** _____

(Adolescent 15 to 17 must sign with parent cosign)

Name in Print _____

Signature: _____ **Date:** _____

(Parent or Guardian if a minor)