



Family First, LLC · ☎ (732) 306-9198 · 📠 (609) 371-1357

## Agreement for Services

I, \_\_\_\_\_ hereby give my consent for myself or my child/foster child/ward/family, \_\_\_\_\_, to be involved in psychotherapy with Family First LLC.

I acknowledge that this is a voluntary service and that I have the option to terminate services if I so desire.

**I agree to provide 48 hours notice for cancellations. If I do not provide such notice, I agree to pay a \$50.00 missed session fee.**

Social Media Policy: Family First clinicians do not connect with clients on social media.

I give permission for Family First LLC to disclose billing information to my health insurance company.

\_\_\_\_\_  
Client Signature (age 14 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (If client is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date