

**Into the Light
Mental Health and Consulting Services, Inc.**

201 NW 4th St. Suite 105
Evansville, IN 47708-1356
812-454-1564
Laura Symon, MSW, LCSW, CSAT

Consent to Mentoring and Consultation Agreement

I agree to participate in mentoring services and/or consultation services with Laura Symon.

I understand that mentoring is outside of the scope of Psychotherapy and no therapeutic interventions will be employed.

I also understand that this means that no assessment is performed and no diagnosis will be given.

I understand that mentoring services are not covered by traditional insurance.

I understand that mentoring services are not used in a court setting as no records are kept for mentoring.

I understand that mentoring services are currently \$200 hourly and subject to change depending on the economy. A 30-day written notice will be issued if this occurs.

I understand that there is a fee of \$150 for a missed meeting and that I will kindly give more than a 48-hour notice if I need to cancel.

I understand that a signed credit card agreement must be kept on file even if I don't plan on paying by credit card as this card will be used to pay the missed appointment fee.

Client Signature (or parent if client is a minor)

Date

Client Printed Name