

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Client's Name]
[Client's Address]
[City, State, ZIP Code]

Dear [Client's Name],

Subject: Letter of Engagement for Counseling Services

I am pleased to confirm my engagement as your Licensed Clinical Professional Counselor (LCPC). This letter outlines the terms of our engagement and provides essential information regarding the counseling process.

1. ****Scope of Services****

I will provide individual counseling sessions aimed at addressing [specific issues or goals discussed]. Sessions will be conducted [frequency and duration of sessions, e.g., weekly, bi-weekly, 50 minutes].

2. ****Fees and Payment****

The fee for each session will be [amount]. Payment is due [payment terms, e.g., at the time of service, monthly]. I accept [forms of payment].

3. ****Confidentiality****

All communications and records will remain confidential in accordance with HIPAA regulations, with specific exceptions including [list exceptions, e.g., risk of harm, abuse].

4. ****Cancellation Policy****

Should you need to cancel an appointment, please provide at least [notice period] notice. Cancellations made with less notice may incur a fee of [cancellation fee].

5. ****Termination of Services****

Either party may terminate this engagement at any time by providing written notice. We can discuss a transition plan if additional support is needed.

Please sign and return a copy of this letter to indicate your understanding and acceptance of the terms outlined above. I look forward to working with you.

Sincerely,

[Your Signature]

[Your Printed Name]

Licensed Clinical Professional Counselor

I, [Client's Name], have read and understood the terms of this engagement and agree to the conditions stated above.

Client's Signature

Date: _____