

**Shari Stark, M.S., M.Ed.**  
**Licensed Professional Counselor Supervisor**  
**500 Turtle Cove, Suite 220**  
**Rockwall, TX 75087**

I request that Shari Stark, M.S., M.Ed., LPC-S, NCC, provide psychotherapy services to me and, if applicable, to my minor child(ren). I agree to pay for missed appointments unless I provide Shari Stark with notice of cancellation 24 hours in advance. I understand that the missed appointment will be noted on the bill, and that third party payors do not pay for missed appointments.

If Shari Stark is requested by me or subpoenaed by me or someone else to testify in any court-related proceeding in which I am a party, I agree to pay Shari Stark's fee of \$200 per hour for preparation and testifying time (including depositions) and \$.25 per page for record photocopying. If Shari Stark's testimony is required by another party, she will attempt to obtain payment from that party; however, the ultimate responsibility for payment is mine, and I agree to pay all costs and time incurred prior to or at the time of testimony. Shari Stark and any other person with an office in the same suite are practicing as individuals. The arrangement is an office-sharing arrangement only and is not a partnership or similar entity.

Violations of the Rules relating to the Licensing and Regulation of Professional Counselors may be reported to the Texas State Board of Examiners of Professional Counselors, 1100 West 49<sup>th</sup> Street, Austin, Texas 77856-3183, phone 1-800-942-5540.

I have had an opportunity to read this Agreement and I agree with all of the provisions contained in this agreement. I understand that if I have any reservations, I should not sign this Agreement.

|   |       |
|---|-------|
| _____   | _____ |
| Client Signature                                    | Date  |
| _____   | _____ |
| Parent/Conservator's Signature if Client is a Minor | Date  |
| _____   | _____ |
| Shari Stark, M.S., M.Ed., LPC-S, NCC                | Date  |