Mary Ann C. Holtz, M.A., Licensed Mental Health Counselor
Phone: 727-327-5045

Please print, complete and sign all three sections, and then return to me as we have discussed in our initial phone contact.

Contact Information

I, _____, give Mary Ann C. Holtz, M.A., LMHC permission **to call me and/or leave messages for me** at the following phone numbers:

Cell: _____ Home: _____ Work: _____

and to send mail to the following **postal address**:

_____

and to send videoconferencing (Zoom) email invitations and links to resources to the following **email address:**

_____

and to call **my emergency contact** if necessary:

Name: _____ Relationship: _____

Phone number: _____

Client signature: _____ Date: _____

Consent to Treatment

I consent to counseling/psychotherapy evaluation and treatment with Mary Ann C. Holtz, M.A., LMHC. I have received and read a copy of the Client Reference Handbook and I understand and agree to be bound by the conditions stated therein.

Client signature: _____ Date: _____

Payment Agreement

I agree to the following payment plan: For each scheduled teletherapy session, I will make a donation of the full professional fee of $90, or whatever portion of that fee which I am able to make given my current financial circumstances. I will make the donation to either St. Vincent de Paul Society of St. Paul's Parish, or to Partners with Haiti, or to Daystar Life Center.

Client signature: _____ Date: _____