805 S Church Street
Suite 20
Murfreesboro, TN 37130

TUCKER-HUGGINS
& ASSOCIATES

1114 N Main Street
Suite B
Shelbyville, TN 37160

Engagement Agreement

I. **Purpose:** This written agreement outlines expectations of both Laura Tucker-Huggins, LPC-MHSP and _____(client) in regard to Ms. Huggins communication and interaction with your attorney.

II. **Scope of Services:** Ms. Huggins agrees to communicate with your attorney via email, phone calls, and in-person meetings. Should Ms. Huggins determine that another's right to confidentiality may be violated, information will be censored accordingly.

No communication will occur prior to signatures on the Engagement Agreement and the Release of Information.

III. **Fee Schedule:** All attorney/therapist communication is billed at the rate of $200 per hour in 15 minute increments.

IV. **Retainer:** A nominal retainer in the amount of $500 is required. As these funds are depleted, you will receive statement and request to replenish funds.

V. **Acknowledgment and Signature:** Your signature indicates agreement with the terms and conditions outlined.

Client:_____ **Therapist:**_____

Authorization to Disclose/Receive Protected Health Information with Attorney/Legal Counsel

Client Name: _____ DOB _____

Address: _____ Phone: _____

I hereby authorize
□ Laura L. Tucker-Huggins, LPC/MHSP
to release/exchange/receive verbal and written communication and information with the following identified individual:

Representing Attorney:_____PHONE/FAX:_____

The following information:
□ Psychiatric/Psychological/Social History Information   YES _____   NO _____
□ Evaluations Results   YES _____   NO _____
□ Periodic reports of current treatment progress, barriers to treatment, or prior treatment   YES _____   NO _____

The purpose of the disclosure of the above information is:
Communication/Coordination of services.

I understand that this release of information is subject to revocation by me, in writing, at any time and that this release is not valid beyond one year (_____). I also understand that the person(s) or agency receiving this information is prohibited from making any further disclosure of such information except with my specific consent.

_____   _____
Client Signature   Date

_____   _____
Therapist Signature   Date

Client Name: **Payment Amount/Date Rec'd: _____ _____**