



Life is an open road;
begin your journey
to wholeness.

Randolph Walters & Associates, LLC Covenant of Care

This Covenant must be completed in its entirety and signed by the pastor or designated officer prior to referring any church member for care.

Church Name _____

Church Address _____

Telephone Number _____ / _____ / _____ Fax Number _____ / _____ / _____

Email address _____

Pastor's Name _____

This Covenant of Care will begin upon church's/pastor's agreement to the terms stated below

Cost \$1200.00 for 10 sessions or \$600.00 for 5 sessions

In addition, client will pay \$20.00 copay per session. All co-pays are due at the time of visit.

Number of sessions contracted _____ Amount _____

Session Length 50 minutes; all hours by appointment only

Location: 1989 N. 63rd St., Suite 200, Philadelphia, PA 19151

(610) 639-1729; Fax (215) 878-8998

Terms of Covenant

1. Randolph Walters & Associates, LLC will provide counseling to the congregants of member churches.
2. Counseling services will be confidential.
3. Counseling services will be held at the office site listed above.
4. If desired by both parties, upon signature of a release of information from the client, the pastor can receive a progress report to aid in his/her support of the member.

Responsibilities of the Church

1. **The pastor must approve** members referred to Randolph Walters & Associates, LLC.
2. **To register as a member of Randolph Walters & Associates, LLC Network,**
Please include the fee for number of sessions contracted with this executed agreement.
3. Refer appropriate counseling candidates within the period of the covenant.

Pastor of Member Church: _____ Date _____

Randolph Walters & Associates, LLC: _____ Date _____

Please return completed agreement and check to:

**Randolph Walters & Associates, LLC
1989 N. 63rd St., Suite 200 Philadelphia, PA 19151
Attn: Randolph Walters, Psy.D, LPC, CCTP**