

## Agreement for Professional Services

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I, the client (or person acting for the client), request that the therapist named below provide professional services to me and I agree to pay this therapist's fee of \$100.00 per hour for these services.

I agree that this financial relationship with this therapist will continue as long as the therapist provides services or until I inform him or her, in person or by phone conversation (not voice mail or message), that I wish to end it. I agree to meet with this therapist at least once before stopping therapy. I agree to pay for services provided to me (or this client) up until the time I end the relationship and agree that I am responsible for all charges for services provided by this therapist to me at the time said services are received, regardless of insurance coverage that *may* be available.

This therapist's office policies concerning payment of fees and missed appointments have been explained to me. I understand that there is a charge of \$50.00 for appointments that are canceled without having given notice at least 24 hours in advance, which must be paid prior to receiving further services (unless waived at the discretion of the therapist in emergency situations). I recognize there is a charge of \$25 for any check returned for insufficient funds. There is also a *minimum* charge of \$40.00 for each telephone call or contact, including letters and reports, to collateral contacts, probation officers, etc.

I also understand that brief telephone calls to advise my therapist of a schedule change, report a concern, or ask for specific information are encouraged. If the duration of the call is less than ten minutes, you will not be charged. If the situation requires telephone consultation that exceeds ten minutes, there will be a charge of \$15.00 for each 15-minute segment or partial 15-minute segment of the telephone contact.

I have been advised regarding my rights as a client and have been informed about confidentiality issues, as well as the risks and benefits of receiving these services and the risks and benefits of *not* receiving these services.

My signature below means that I understand and agree with all of the points above.

Signature of client (or person acting for client)	Date
Printed name	
Signature of witness	Date
Printed name and relationship to client	

I, the therapist, have discussed the issues above with the client (and/or the person acting for the client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of therapist	Date
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