

AGREEMENT TO PAY FOR PROFESSIONAL SERVICES

I, the undersigned, request that _____ provide professional services to me/or _____ as a client, and I agree to pay this therapist's fee (\$____ for initial assessment; \$____ per hr. for regular office visits) for these services. **NOTE: These rates may be less if insurance is being processed and any special rates have been agreed upon with the insurer.**

I have been provided with this therapist's Information for Clients brochure and agree to cooperate with and abide by all of its provisions as indicated by my signature there.

If the client is a minor, I understand that while I have a right to general information on issues and progress, some information shared in this professional relationship will be held in confidence by the therapist and the minor child.

If, at any time, I am dissatisfied with this therapy I will fully discuss my views, reasons and plans with the therapist (and if the patient is a minor, with the patient named above).

I agree that this financial relationship will continue in effect with the above named professional as long as this therapist provides services or until I inform her, in person, by telephone or by certified mail, that I wish to end it. I agree to pay for services rendered to this patient up until the time I terminate the relationship.

I understand that I am responsible for charges for services provided by this therapist to this client, although other persons or insurance companies may make payments on this client's account.

Signature: _____

Printed name: _____

Relationship to the patient: Self Other: _____

Date: _____