



AGREEMENT TO PAY FOR PROFESSIONAL SERVICES

I, the undersigned, request that the above named therapist provide professional services to me/or (minor client) _____ as a client, and I agree to pay this therapist's fee of \$ _____ for an initial evaluation and \$ _____ per session (45-50 60 90 minutes) for these services.

If the patient 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 client is a minor, with the client named above) prior to terminating therapy.

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 him or 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 me, although other persons or insurance companies may make payments on my account.

CANCELLATION OR NO-SHOW POLICY

I understand that I must cancel an appointment 24 hours in advance by calling 305-773-8785 to avoid a cancellation fee. I will be charged half of my usual session fee - _____ - if I cancel between 24 and 2 hours prior to my appointment. I will be charged the full session fee of _____ if I cancel less than 2 hours prior to the session or if I fail to show up at all. The session fee is either the amount I self pay or the amount that the insurance company pays including my co-pay.

I agree to provide my credit card information and for my credit card to be charged the appropriate fee as indicated above in the event of a cancellation or no-show.

Signature: _____ Printed name: _____

Relationship to the patient: Self Other: _____ Date: / /

Credit Card # _____

Expiration Date: _____ Security Code _____ Zip Code: _____