Agreement to Pay for Professional Services

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 $ _140.00_ per session at the time of service.

To avoid payment for a missed session, I agree to cancel appointments 24 hours in advance.

I agree that this financial relationship with this therapist will continue as long as the therapist provides services or until I inform her, in person, 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.

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

I understand that confidentiality to the patient is assured within the constraints of the law, but dates and fees for services provided may be released to a collection agency to assist in the collection of a delinquent balance.

_____

Signature of client (or person acting for client) Date

_____

Printed Name

Fabianna Laby, PsyD . Clinical Psychologist
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