

**Agreement to Pay for Professional Services**

We, the client (or person acting for the client), request that the therapist named below provide professional services to us and we agree to pay this therapist's fee of \$ 140.00 per session at the time of service.

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

We agree that this financial relationship with this therapist will continue as long as the therapist provides services or until we inform her, in person, that we wish to end it. We agree to meet with this therapist at least once before stopping therapy. We agree to pay for services provided to us up until the time we end the relationship.

We agree that we are responsible for the charges for services provided by this therapist to us, although other persons or insurance companies may make payments on our account.

We understand that our confidentiality 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

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name