

Agreement to Pay for Professional Services

I request that Audrianna J. Gurr, LPC provide professional services to me and I agree to pay this therapist's fee of \$ _____ per session/co-payment 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 certified mail, 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 up until the time I end the relationship.

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

I agree to pay all fees at the time of service via cash, check or credit card (with 3% service fee).

I agree that I will pay the session fee if I no show or give less than 24 hour notice for a scheduled appointment as I understand that this time cannot be used for another client.

Please circle your payment choice below:

Please charge card automatically for sessions or I plan to pay with some other method.

Financial information - Credit card: VISA MasterCard Discover Other

Name on card: _____

Card #: ____/____/____/____ Exp. date: ____/____ Sec. #: ____ Zip Code: ____

I have also read this therapist's Professional Disclosure Statement, Confidentiality Agreement and agree to act according to everything stated there, as shown by my signature below.

Signature of client (or person acting for client) Date

Printed name

I, the therapist, have discussed the issues above with 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

Copy accepted by client Copy kept by therapist