

I request that the provider named below provide professional psychological services and I agree to pay the fee of \$130 per standard session time (fees for other services vary and will be determined as needed).

I agree that this financial relationship with this provider will continue as long as they provide services until I inform him or her, in person or by certified mail, that I wish to end it. I agree to meet with this provider at least once before stopping therapy. I agree to pay for services 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 provider to me (or this client), although other persons or insurance companies may make payments on my (or this client's) account.

I have also read this providers "Information for Clients" brochure and agree to act according to everything stated there, as shown by my signature below and on the brochure.

Signature of client (or person acting for client)

Date

Printed name

I, the provider, have discussed the issues above with the client (and/or the person acting for 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 provider

Date