The Next Step Counseling Services, LLC

Agreement to Pay for Professional Services

I request that the therapist named below provide professional services to me or to _____, who is my _____, and I agree to pay this therapist's fee of $_____ per session 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 (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.

Our office requires a 24-hour notice in order to cancel an appointment. All appointments cancelled or not kept without a 24-hour notice will incur the full session charge. On the rare occasion that a missed appointment is due to an emergency, a minimum of a $25.00 fee will be assessed.

_____ _____

Signature of client (or person acting for client) Date

_____

Printed Name

_____ _____

Signature of Therapist Date