



## Agreement to Pay for Professional Services

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I, the client (or person acting for the client), request that the therapist of Hope & Healing Counseling Services provide professional services to me or to \_\_\_\_\_, who is my \_\_\_\_\_, and I agree to pay this therapist's fee of \$125 per session for these services or the contracted co-payment/deductible as outlined by my insurance company, if applicable.

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 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.

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Signature of client (or person acting for client)

Date

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Printed name

I, the therapist, 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 willing and informed consent.

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Signature of therapist

Date