



ArborGate Associates, Inc.

Counseling and Psychological Services

COUNSELING AGREEMENT

Professional time involved in the Initial Consultation/Intake Session is billed at \$125.00 per hour.

Professional time involved in the following direct and indirect services is computed at the rate of \$100.00 per hour. These professional services include but are not limited to:

- Psychotherapy, Preparation of reports and letters,
- Consultation, Telephone calls of significant length.

Services computed at the rate of \$125.00 per hour include but are not limited to:

- Legal Proceedings, Special Reports
- Psychological and Career Testing

Payment is expected at the time of service unless other arrangements are made. Although most services are fully or partially covered by insurance, payment for services is ultimately the responsibility of the client. The regular session charge will be made for a missed appointment or an appointment not canceled 24 hours in advance. In case of inclement weather, payment is required for appointments scheduled. Should the client or counselor be unable to meet at the office a telephone session will be offered.

A \$30.00 fee will be charged for returned checks. For any account balance remaining after 90 days, a \$5.00 service charge will be incurred. If necessary, unpaid bills will be submitted for collection by an agency of our choice.

Your right to confidentiality is guaranteed. Please be advised that the Law does require that we report incidences of physical and/or sexual abuse as well as threatened and /or realistic suicidal or homicidal risks.

A psychologist, psychiatrist, or clinical counselor provides supervision. You may have access to the supervising professional upon request.

CLINICAL PSYCHOLOGIST	James E. Kaplar, PhD.
CONSULTING PSYCHIATRIST	Said Haidar, MD
CLINICAL COUNSELOR	Sally P. Rapp, Ph.D., P.C.C.-S
COUNSELOR	Jill S. Oatey, L.S.W., L.P.C.
CLINICAL COUNSELOR	Susan A. Dieterich, L.P.C.C.
CLINICAL COUNSELOR	Koren H. Bierfeldt, L.P.C.C.
COUNSELOR	Arlene Strauch, L.P.C.
CLINICAL COUNSELOR	Peter M. Dimezza, L.P.C.C -S.

(Client signature/parent(guardian) if under 18)

Relationship to Client

(Counselor signature)

Date: _____

24551 Detroit Road, Suite 5

Westlake, OH 44145

440.892.0452