Dr. Polacheck Therapeutic Services

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. I am aware that I am obligated to give 24 hours notice for cancellations, except for emergency situations. In the event that I do not cancel within 24 hours, I agree to pay 80 dollar cancelation fee. I agree if I am using a credit/debit card I will utilize IVY services a HIPPA compliant payment method.

_____ _____

Signature of client (or person acting for client) Date

_____

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 informed and willing consent.

_____ _____

Signature of therapist Date

❑ Copy accepted by client ❑ Copy kept by therapist