

Nikki Delaney, MA, LPCC, CRS, NCC
nikki@anewyoucounseling.com

COUPLES COUNSELING PROGRAM-Agreement to Pay for Professional Services

The therapist named below will provide professional services to ____

and _____ who are a couple.

____ We agree to pay the therapist's program fee of \$ _____ per month for a total of

_____.

45-60 minute sessions of counseling services. We agree to pay the monthly fee by Credit Card, which may be charged automatically each month.

____ We have chosen to utilize the pay-in-full option of \$ _____. We will pay-in-full with (Cash /

Check / Credit Card).

We agree that this financial relationship with this therapist will continue as long as the therapist provides services or until we inform her, in person or written, that we wish to end it. We agree to meet with this therapist at least once before ending therapy. We agree to pay for services as outlined above until the time therapy is terminated.

We agree that we are responsible for the charges and/or co-payments for services provided by this therapist to us, although other persons or insurance companies may make payments on our account.

We have also read this therapist's "Policies & Procedures" form and agree to act according to everything stated there, as shown by our signatures below and on the form.

Signature of client (or person acting for client) Date

Signature of client (or person acting for client) Date

I, the therapist, have discussed the issues above with the clients. My observations of these client's behavior and responses give me no reason to believe that this couple is not fully competent to give informed and willing consent.

Signature of therapist Date

Credit Card on File Information:

If a credit card is required to be on file to be charged for monthly fees, no-shows, late cancellations or other necessary payments,

I agree to provide this information below.

Card Number_____

Exp Date_____

Code_____

Name on Card_____

Address & Zip of
Card_____

Signature:_____ Date:_____