

Welcome

Congratulate yourself for taking the first step towards creating the life you really want.... You have asked for help and I intend to support and guide you in reaching your goals. I ask that you commit to the following:

1. Attend your scheduled therapy sessions. It will help if you are mindful of being on time, have check for payment or co-pay written, be aware sessions are 45 minutes in length and have your next appointment date/time selections in mind. Know that unless you cancel or reschedule 24 hours in advance of your scheduled appointment you will be responsible for payment of that not attended appointment. I can not bill insurance for not attended sessions. If an emergency situation prevents your keeping your appointment and you notify me thru the 24 hour phone # 281-980-0083 as quickly as possible then we can mutually agree on a rescheduled time.

(I Understand the cancellation policy..... Please Initial _____)

2. My fees are: \$110.00 Initial Visit , \$90.00 Individual, \$100.00 couples, \$120.00 family.

We have agreed that you will be using ___Insurance or ___Crime Victims Compensation or ___EAP or ___Self Pay or ___Other. Your Co - pay will be \$ _____. Please Note if agreed you will be using a third party payer we will verify benefits and bill claims. Ultimately, if your third party payer defaults, all fees are the responsibility of : _____

Signature of Person Responsible for Payment

3. Please take a moment and think about why you came to therapy and the changes you want to make in your life. Put these thoughts into goal form. Write 3 goals here. These will be your treatment plan guides.

A. _____

B. _____

C. _____

I have read, understand and accept the agreement for treatment guides as stated above.

Signed: _____ Date: _____

(Client, Parent or Guardian)

Signed: _____ Date: _____

(Client if minor)

Witness: _____ Date: _____