

Changes Counseling and Mediation, LLC

Please return only the following form with your signature and card information if not an EAP.

Professional Services Contract

I/we do hereby request that Angela Sullivan, MA of Changes Counseling and Mediation to provide professional services to me/us _____ or to for whom I am legally responsible. This relationship shall continue if the therapist provides services or until I/we request in person or telephone that this is no longer my/our desire.

I/we agree to pay Mrs. Sullivan the appropriate fee which coincides with the fee schedule presented in the ***Practice Policies*** section. If I/we miss a scheduled appointment, I/we understand that I/we shall be charged as set forth in the Practice Policy, a \$60 charge. I/we understand that I/we am/are financially responsible for this account. We understand that Mrs. Sullivan takes credit cards and debit cards. I/we understand that a debit or credit card number will be kept on file for the sole purpose of billing for a missed appointment. **24 Hours' notice must be given, or your card will be charged the \$60 fee. After three "no shows" or late cancellations (Less than 6 hours' notice, I may choose to terminate our therapeutic relationship.**

Credit/debit card # _____

Expiration date: _____ zip code: _____ code on back: _____

I/we understand that payment is due at time of service. I/we acknowledge that I/we shall be held accountable not only for the service amount, but also for any associated collection or legal fees.

I/we have read and received a copy of the Practice Policies and Professional Disclosure Statement. I/we have read them and agree to cooperate with and abide by all the provisions therein.

I/we understand that if the client is a minor, I/we may have a right to general information; however, there may be information not shared and held in confidence if it is in the best interest of the child.

I/we agree that our card on file will be charged the \$60 fee if I/we do not give 24 hours' notice of cancellation.

I/we agree to all the above:

Name: _____

Date: _____

Name: _____

Date: _____