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Informed Consent to Assume Responsibility for Payment for Psychotherapy Services

I, _____ agree to pay for psychotherapy services and other clinical services for _____ (Self or Family member's name) according to the fee agreement between the therapist and the client.

I understand the following terms apply to this agreement:

- Payment will be made at the time of service
- The fee for psychotherapy, consultation, letter or report writing or other clinical services is $150. per 50 minute session unless otherwise specified. For more details, see previous informed consent.
- Please inform the therapist as soon as you know if there are changes in your ability or willingness to pay.
- Services will be terminated if timely payment is not made as agreed to by this consent.
- Consent to assume financial responsibility for these services does not entitle the third-party payer access to confidential information unless otherwise agreed in writing by the above named client.
- Upon your request and upon obtaining the client's written permission, if appropriate, you will be provided with a bill, which is suitable for presenting to your insurance carrier for possible reimbursement. Not all conditions are reimbursable.
- This agreement supplements previous informed consents.

Signature of Client: _____ Date: _____

Signature of Payee: _____ Date: _____