INFORMED CONSENT & RESPONSIBILITY FOR PAYMENT FOR PSYCHOTHERAPY AND/OR HYPNOTHERAPY

South FL Center for Growth & Healing

Susanne R. Mealer, LCSW, CHT

(954) 642-6776

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I, _____ agree to and pay for psychotherapy services and other clinical services provided by Susanne R. Mealer, LCSW, CHt for _____ according to the fee agreement between therapist and the client.

I understand the following terms apply to this agreement:

- Payment will be made as follows:
  _____ (Please initial) At the time of service

- The fee for psychotherapy, group psychotherapy, consultation, letter or report writing or other clinical services is $150.00 per 50 minute session, $200.00 for initial session/assessment, unless otherwise specified. For more details, see previous informed consent.
- Please inform the therapist ahead of time or 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 agreed in writing otherwise by the named above patient.
- Upon your request and upon obtaining 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