

INFORMED CONSENT FOR TREATMENT

**Center for Authentic Living, Inc.
Park Ridge**

This form acknowledges that you have requested professional services from CFAL and have received a copy of the Counselor-Client Contract. This letter sets forth the agreement concerning our understanding of such services.

1. You understand that these services involve evaluation and/or therapy, and whatever services are provided will be by mutual agreement between you and I.
2. If you participate in whatever services are recommended by CFAL, you agree to pay for these professional services according to the fee schedule you have received.
3. I will charge you on the basis of expended time, and I reserve the right to terminate the relationship for non-payment. Any payments received from third parties (i.e., insurance) will be credited to your account, however, you are primarily responsible for payment of any outstanding balances. Outstanding balances over two months late will result in your credit card being charged the full amount.
4. A credit card is required to be on file. If you are still paying towards a deductible with your insurance policy, the contracted fee will be charged to the credit card weekly through square. If you are not using your credit card, then the amount can be paid by check or cash. A fee of \$3.00 will be applied for all credit card transactions.
5. You will be charged \$90 per missed appointment if you cancel appointments less than 48 hours in advance, and the full fee if you fail to cancel at all and do not show up for the appointment.
6. There is a fee for written reports based on your therapist's fee schedule.
7. Returned checks: a \$20 service charge will be applied for checks returned by your bank for any reason. If two or more checks are returned, I will no longer accept checks from you and you will be asked to pay in cash.
8. Payment plans can be arranged, at your request, if the need for such arrangements can be established.
9. In the event it becomes necessary to use the courts to collect any unpaid balance, you agree to pay reasonable attorney fees and any and all court costs which may be incurred.

Please counter-sign this agreement so we have a mutual memorandum of our understanding. You will be given a copy of this for your records.

Name

Date