



Contract for Services

(Please Initial Each Blank)

_____ It is acceptable for **The Alpha Center** to contact me by:

Please check all that apply: _____ sms (text), _____ email, or _____ by phone (includes leaving a voice mail).

_____ Counseling fees will be expected **before** my session.

_____ Sessions will last 45-50 minutes. Fees for sessions will vary, depending on treatment and counselor. Fee agreements will be made prior to treatment.

_____ **The Alpha Center** may provide expert testimony in court proceedings. The fee for these services is double the counselor's rate for the first hour, and the regular rate per hour, thereafter, and \$60 per hour of travel time (first hour and travel time payable prior to hearing).

_____ Legal reports (if needed) may be prepared for a cost of \$100 per hour.

_____ **The Alpha Center** will postpone, reschedule, or cancel appointments free of charge if changes are made by 10:00am the day of my appointment. Due to high demand for services, sessions canceled after 10:00am the day of my appointment will incur 50% of the total fee. Sessions not canceled incur the full fee.

_____ I authorize **The Alpha Center** to bill my credit/debit card on file for sessions not canceled or rescheduled before 10:00am the day of my appointment.

_____ Insurance billing does not apply for sessions not conducted; therefore, I authorize **The Alpha Center** to charge the appropriate private-pay amount to my credit/debit card for sessions not canceled appropriately.

_____ **The Alpha Center** clinical staff will accept phone calls of a therapeutic nature at a fee of \$25 per 15-minute increment. There is no fee for calls to reschedule sessions.

Client Signature

Date

Therapist Signature

Date