

Patricia M Castellanos, LMHC, C.Ht.

Licensed Mental Health Counselor & Clinical Hypnotherapist

Therapy & Hypnotherapy Service Agreement and Payment Authorization

Date: _____

Client Full Name: _____

Complete Address: _____

I agree to the following Therapy & Hypnotherapy Services based on our consultation. Please review the Service Agreement and select your service(s). If applicable, please make any specific notes that were agreed upon at your consultation. Your payment will be made via Invoice. Next, please provide the email where you would like to receive the invoice for payment. Lastly, please read and complete the Payment Agreement & Authorization, Print, Sign and Date.

Service Agreement

\$150 for 50 minute Therapy Session

\$200 for 90 minute Therapy Session

\$200 for 90 minute Therapy & Hypnotherapy Session

Other: _____

Notes: _____

Invoice Authorization

I authorize Patricia M. Castellanos to send an invoice for services as agreed upon to the email below. Invoice payment may be made via ACH Bank Transfer, Debit/Credit Card, or HSA/FSA Credit Card.

Email: _____

Payment Agreement & Authorization

I _____ agree to the services selected and agree to provide payment for services as described herein. I understand these services are based on my goals and growth. I understand this form is kept confidential. I understand this form may be revised at any time if changes are needed. Additionally, I understand this agreement is terminated upon termination of services. Please email patty@theexpressioncenter.com 7 business days prior to your payment due date to make any changes.

I authorize Patricia M. Castellanos to send me an invoice for the agreed upon services and amount(s). I agree to pay for the services invoiced in accordance with the agreement and the issuing bank cardholder agreement.

Client Print: _____

Client Signature: _____ Date: _____