Dr. Leah B. Samler, LLC

53 W. Jackson Blvd. Suite 635

Chicago, IL 60604

Continuity of Care and other Professional Fees

It is sometimes helpful and necessary for me to be in contact with other professionals or people in your life (e.g., Psychiatrist or General Practitioner, specific family members, school staff etc.) to assist in you or your child’s treatment. Once you sign a Release of Information, I would be glad to consult with care providers or other individuals to ensure the best possible treatment is provided.

Additional services include report or letter writing, attendance in meetings via conference call, telephone conversations we may have outside of our scheduled session time, preparation of records or treatment summaries and time spent performing any other professional service you imay request.

Unfortunately, insurance does not cover these costs, therefore; it is an out-of-pocket fee. The rate for the aforementioned services is $150 per hour, though I will break down the hourly cost into 15-minute increments if I work for periods of less than one hour.

Thank you for your understanding.

By signing below, I am agreeing to the fee structure.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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