

I E Counseling

Contract for Services

Client Name(s): _____

Address: _____ City: _____ State: ____ Zip: _____

Person responsible for payment of account: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Federal Truth in Lending Disclosure Statement for Professional Services

Part One Fees for Professional Services:

I (we) agree to pay *Heidi Kiebler-Brogan* at the time services are provided, a rate of:

\$300 per hour for initial consult and assessment (or prorated calculations of this, depending on the length of meeting)

\$275 per hour, for individual sessions (or prorated calculations of this, depending on the length of meeting)

\$225 per 45 mins, for individual child sessions (or prorated calculations of this, depending on the length of meeting)

\$300 per hour for parent/professional consults, family and couples' sessions (or prorated calculations of this, depending on the length of meeting)

The designated per hour rate will be charged for case management/documentation. Other services (attendance at outside meetings, phone sessions, documentation and travel time for example) will be calculated in the same manner based upon individual, family or couples work.

Sessions are payable by check, cash or credit card at time of service.

The full fee of a scheduled appointment is charged for missed appointments or cancellations with less than 24 hours' notice.

Returned checks will be charged at \$40.00 per incident.

Late payments will accrue 20% interest charge per month delinquent.

Part Two Release of Information Authorization to Third Party

Heidi Kiebler-Brogan, MA, LPC, NCC will not provide any information to third parties without your written consent which will serve as authorization. Insurance information will be provided to insurance providers by you, the client, at your discretion. You may choose to submit your invoice for reimbursement to your insurance provider as your invoice is your property.

Part Three Legal Procedures

Under no circumstances will **IE Counseling**, or its representative, **Heidi Kiebler-Brogan, MA, LPC, NCC**, testify on behalf of, or against, any party covered under this agreement. The client(s) hereby waive any right to have Heidi Kiebler-Brogan, MA, LPC, NCC testify in any Court of Law. The client(s) agree that he/she/they will not subpoena Heidi Kiebler-Brogan, MA, LPC, NCC to court. None of the work product of this process will be used for litigation.

Part Four Acknowledgement and Acceptance of Agreement

Heidi Kiebler-Brogan, MA, LPC, NCC and the client(s) acknowledge that they have read this agreement, understand all of the terms and conditions and agree to abide by them. The parties understand that by agreeing to participate in services they are accepting and agreeing to all above terms of provision.

Print Name of Patient or Guardian
(if under 18 years of age)

Signature of Patient or Guardian
(if under 18 years of age)

Print Full Name of Patient or Guardian
(if 14 years or older)

Signature of Patient
(if 14 years or older)

Date:_____

Heidi Kiebler-Brogan, MA, LPC, NCC
Licensed Professional Counselor

Heidi Kiebler-Brogan, MA, LPC, NCC
Licensed Professional Counselor

Date_____