

# COUNSELING CENTER OF NORTH TEXAS

303 S. Highway 78 Suite 100 Wylie, TX 75098

720 E. Park Blvd. Suite 204 Plano, TX 75094

Phone: 469-342-3468 Fax: 469-342-3466

## Financial Responsibility and Attendance Release

### Client:

I, \_\_\_\_\_, as an adult client, agree to the release of my attendance  
Client's Name

and financial information regarding counseling rendered by \_\_\_\_\_  
CCNT Staff Member's Name

to \_\_\_\_\_ for the purpose of collection.  
Person Responsible for Payment's Name

\_\_\_\_\_  
Client/Legal Representative Signature

\_\_\_\_\_  
Date

### Person Responsible for Payment:

I, \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_  
Person Responsible for Payment Relationship to Client Client's Name

acknowledge that I am financially responsible for all fees/copays regarding counseling including missed appointments without 24 hours' notice as required by CCNT, which have been relayed to all clients.

\_\_\_\_\_  
Person Responsible for Payment Signature

\_\_\_\_\_  
Date

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_