

COUNSELING CENTER OF NORTH TEXAS

303 S. Highway 78 Suite 100 Wylie, TX 75098

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: _____