

**Informed Consent for a Third Party to Assume Financial Responsibility for
Psychotherapy Services**

I, _____ consent to pay for psychotherapy
(Printed name of payer)

services for: _____
(Printed name of client) (Date)

I understand the following terms apply to this agreement (until such time I revoke in writing):

- Payment will be made *at the time services are rendered unless otherwise agreed upon.*
- The fee for psychotherapy, psychological testing and interpretation, consultation, legal work arising as a result of work, letter or report writing is \$_____ per 45-50 minute session or block of time unless otherwise specified.
- Services will be terminated if payment is not made as agreed to by this consent.
- Consent to assume financial responsibility for these services does not entitle the third-party payer to any interview or phone contact with the therapist or access to any confidential information that is shared within the therapeutic relationship.
- At my request, a bill will be provided suitable for presenting to my insurance carrier for possible reimbursement.
- I understand that I am financially responsible for any fees incurred as per the therapists Missed Appointments and Late Cancellations Policy.

Signature of Payer

Date

This agreement supplements previous informed consents.