



Thomas G. Dwyer, Executive Director
Licensed Professional Counselor
Licensed Clinical Alcohol and Drug Counselor
72 Floral Avenue
Murray Hill, New Jersey 07974
(908) 665-1000

Agreement to Pay for Professional Services

I request that the therapist named below provide professional services to me or to _____
_____, who is my _____, and I agree to pay this
therapist's fee of \$170 per session for these services.

I agree that this financial relationship with this therapist will continue as long as the therapist provides
services or until I inform him or her that I wish to end it. I agree to meet with this therapist at least once
before stopping therapy. I agree to pay for services provided to me (or this client) up until the time I end the
relationship.

I agree to inform the therapist of appointment cancellations at least 24 hours prior to the appointment. I
understand that I am responsible for the full session fee, if I do not show up for an appointment without
proper advance notice.

I agree that I am responsible for the charges for services provided by this therapist to me (or this client),
although other persons may make payments on my (or this client's) account.

Signature of client (or person acting for client)

Date

Printed name

I, the therapist, have discussed the issues above with the client (and/or the person acting for the client). My
observations of the person's behavior and responses give me no reason to believe that this person is not fully
competent to give informed and willing consent.

Signature of therapist

Date