

# *Lifestyle Center for Counseling and Nutrition*

## **Payment Policy**

I agree to pay fees at the time of service unless I have arranged a payment plan with the clinician. I understand treatment may be suspended until an outstanding balance is paid or an alternative payment plan is arranged if I do not pay for two consecutive sessions. I agree to pay a \$25 service fee for insufficient funds (returned check), and thereafter to pay all services by cash or money order. Therapists do not have change for cash payments. When paying cash, I will pay the exact amount. If I overpay, I may establish credit toward the next session.

### **Fees are listed below and may be adjusted to reflect financial need:**

\$150 Individual Therapy Session- 1 hour

\$160 Family or Couples Session- 1 hour

\$45 Group Therapy Session- 1.5 hours per week as scheduled

\$40 Group Therapy Session-1 hr. per week (or \$35 per session if pay for 4 consecutive in advance)

### **Cancellation of Sessions**

I understand that if I miss two or more appointments without cancelling 24 hours prior, the Centers' duty and obligation to me is cancelled. I understand if I cancel an appointment less than 24 hours prior, I will be billed the full session fee. I agree to pay in full for all appointments canceled with less than 24 hours' notice unless it is a legitimate emergency to be decided by my therapist. We do not have a 24 hour emergency answering service. Therefore, we will try our best to return non-emergency messages within 48 hours. In case of a true emergency, call 911.

### **Consent for Email Correspondence**

As you know, email and text correspondence poses the risk, not only of your email address being visible on the Internet, but also the content of your message and the possibility of a computer virus. Also we cannot assure that your friends, family etc. are not reading the email/text correspondence you receive from our office, which is out of our control. We maintain anti-virus software on our computers and make every effort to keep your information confidential.

Additionally, this is not a crisis-oriented method of communication and we do not use email/texting in an emergency. If you experience an emergency after hours; call 911 immediately. Once the situation is stabilized, please contact us during working hours. Thank you for your understanding.

By signing below, I acknowledge and agree to the above treatment policies and procedures as a participant of Lifestyle Center for Counseling & Nutrition services.

\_\_\_\_\_  
Signature of Client/Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date