

Client Agreement

I, _____, hereby assume financial responsibility for all charges that may be incurred for treatment rendered to myself and/or my family. I understand that it is the policy of Cina Hoey, LCSW for the client to pay at the time of service.

Payment for Services

I understand that my therapist, offers sliding fee of \$_____ per session for professional services, which has been mutually agreed upon prior to the start of treatment. She does not accept any insurance benefits whatsoever. I am responsible for paying this agreed upon rate at the time of service.

Cancellation

Because time has been reserved exclusively for me and/or my family, I understand that I am required to provide at least twenty-four (24) hours advance notice if I am unable to keep the scheduled appointment. Clients giving less than twenty-four hour notice of cancellation, are financially responsible for the reserved appointment the same rate agreed upon per session. **Initial:** _____

Signature on File

Please accept a photocopy or fax of this authorization as if it were an original executed authorization.

Termination of Services

Services will be terminated upon mutual agreement between client and therapist based on need for continued services, transfer to another treatment setting or specialized treatment (i.e., rehab facility). If a client has not scheduled an appointment in 60 days from the last office visit, he/she is considered officially discharged from this practice.

HIPPA/Notice of Privacy Practices

I acknowledge that I have received a copy and/or have been given an opportunity to read a copy of Cina Hoey, LCSW's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I may contact the office at (516) 477-9774.

Attorneys' Fees, Governing Law, Venue

In the event either party shall incur attorneys' fees and costs with respect to the enforcement of this Agreement against the other party, prosecution or defense of any dispute hereunder, the prevailing party shall be entitled to recover from the non-prevailing party all reasonable attorneys' fees and costs (including costs and fees of litigation, insolvency, regulatory, bankruptcy or investigative proceeding appellate and post judgement proceedings and collection efforts) incurred by the prevailing party in any such action(s). This Agreement shall be governed by the laws of the State of Florida and any Federal laws which are applicable to the provider-patient relationship. The venue for any action filed in connection herewith by either party shall be in a court of competent jurisdiction in Palm Beach County, Florida.

Name of Client (print) _____
Name of Paying Party & Relationship to Client (print) _____
SIGNATURE _____ DATE _____