

Amy E. Brown, MS, CAC, LPC, SAP

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Agreement to Pay for Professional Services

I request that Amy E. Brown, MS, LPC, CAC, provide professional services to me
(or to _____, who is my _____).

I agree to pay \$ _____ per (55-minute) session for these services at the time of service.

I agree that this financial relationship will continue as long as the Amy E. Brown provides services or until I inform her (in person or by certified mail) that I wish to discontinue services. 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, and including, the time I end the relationship.

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

I have also read Amy E. Brown's Consent for Treatment and agree to act in accordance with all procedures detailed therein, as shown by my signature below and on the Consent for Treatment document.

Signature of Client
(or person accepting financial responsibility for services rendered to client)

Date

Printed name

I, Amy E. Brown, MS, CAC, LPC, SAP 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 reason to believe that this person is fully competent to give informed and willing consent.

Signature of Therapist

Date