Amy E. Brown, MS, CADC, LPC
53 Darby Road ~ Suite F
Paoli, PA 19301
610.416.0793

Agreement to Pay for Professional Services

I request that Amy E. Brown, MS, CADC, LPC provide professional services to me or to _____, who is my _____, and I agree to pay this therapist's fees for these services: $ _____ for the initial evaluation and $_____per 50-minute session.

I agree that this financial relationship with Amy E. Brown will continue as long as she provides services or until I inform her, in person or by certified mail, 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 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 "Practice Guidelines" document and agree to act according to everything stated there, as shown by my signature below and on the document.

_____ _____

Signature of client (or person acting for client) Date

_____

Printed name

I, Amy E. Brown, 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