

CLIENT AUTHORIZATION

I authorize Cia Flodin, M.Ed. LMHC, to provide counseling and therapeutic services. No guarantees have been given by Cia Flodin, M.Ed. LMHC as to the results that may be obtained. I indemnify and hold Cia Flodin, M.Ed. LMHC harmless from any and all claims arising directly or indirectly from the services rendered by her under this agreement. Such indemnification shall include reasonable attorney fees and costs.

CLINICAL SERVICES AND FEE AGREEMENT

Cia Flodin, M.Ed. LMHC, is a private, clinical service provider. Clients are responsible for determining what services are provided by their insurance. Payment is expected at the time of service. Payment can be made in the form of check, cash, Visa, MasterCard, American Express and debit cards. **Co-Pays are due at the time of each appointment. Clients will be billed for missed appointments if the office is not notified 24 hours prior to your appointment.**

AUXILIARY SERVICE FEES

The auxiliary service fees are listed below. All clients are personally responsible for these charges in full.

Preparation of Legal Documents and Special Reports	\$500.00 per Hour
Attendance of Therapists at Meetings	Clinical Hourly Fee
Attendance of Therapists at Court Proceedings	\$500.00 per Hour
Coordination with Guardian Ad Litem	\$250.00 per Hour
Phone Calls over 15 Minutes	Clinical Hourly Fee
Prepare/copy client files, chart notes, postage	Clinical Hourly Fee

TERMS AND CONDITIONS

I understand and agree:

The clinical fee or co-pay is due and payable by me at the time services are rendered. If this account should become delinquent, it will be subject to collection with any costs or fees resulting there from to be paid by me, including, but not limited to, court costs and attorney fees. If my personal check is returned for non-sufficient funds (NSF), a service fee of \$40.00 will be added to the face value of the NSF check. Cia Flodin, M.Ed. LMHC, reserves the right to charge me the full clinical fee for any session I cancel with less than 24 hours advance notice, unless prior arrangements have been made with Cia Flodin M.Ed. LMHC.

Insurance Company

Private Pay: Assessment Fee: \$200.00
Clinical Hourly Fee: \$160.00

My signature below acknowledges I have read and agree to the above conditions and terms.

Client's Signature

Date

Parent or Guardian's Signature
(If child is under 13 years of age)

Date