

- Donna M. Hunter, LCSW uses a billing service. Sufficient information is provided to the service so they may maintain accurate accounting. Signing this form constitutes permission for the release of that information
- Client is responsible for all payments prior to the time of the appointment
- **All appointments not cancelled within 24 hours of the appointment will be charged a late fee of \$55 charged to your account. No exceptions are made. If the therapist cancels an appointment with less than 24 hours notice and does not offer an appointment within the same week, that appointment will be free of charge to the client.**
- There is a returned check charge of \$40 for any check written to Global Therapy returned for insufficient funds.
- Client is responsible for notifying Global Therapy, Inc/ Donna M. Hunter, LCSW, CAP of any changes in residence, employment, contact information including phone numbers and e-mail addresses.
- The following payment schedule has been agreed upon between therapist and client:

Email under 400 words \$25
Email 400 to 800 words \$50
Email over 800 words \$75
Telephone session 30 minutes \$40
Telephone session 60 minutes \$65
Additional telephone minutes \$2 per minute
Video/Skype session 30 minutes \$40
Video/Skype session 60 minutes \$65
Video/Skype session 90 minutes \$90
Copies of PHI \$5 per page
Deposition, Testimony or other court related activity \$500 per day
Unscheduled Phone call consultation over 15 minutes to client or representative \$20 per 15 minute segment.

- **A full payment is expected before the termination of therapy.** If any balance is left unpaid after termination a billing statement will be submitted to the client. Full payment is expected within 30 days of receipt of that statement.
- Therapist maintains the right to submit the unpaid balance of the bill Credit Recovery Corp. (CRC) or other collection agency should arrangements for payment of the balance not be met.
- Should an account be submitted to a collection company, the Client will be charged all fees associated with the collection of the overdue account.
- **Should an account be submitted to CRC, the client waives all rights of confidentiality** related to the information provided to the collection agency. This information includes but is not limited to name, address, phone number, social security number, date of birth, place of business and statement of overdue account.

I, _____, have read and understood this Client Agreement. My signature constitutes my agreement to these terms and conditions.

 Client signature

 date

 Therapist signature

 date