Informed Consent for Someone Other Than the Client to Assume Responsibility for Payment for Psychotherapy Services

I _____ consent to pay for psychotherapy
(Print name of payer)
services for

_____.
(Print name of client) (Date)

I understand the following terms apply to this agreement.

1. Payment will be made ***at the time that service is provided unless otherwise agreed on.***

2. The fee for psychotherapy, psychological testing and interpretation, consultation, letter or report writing is $_____ per 45-minute session or block of time unless otherwise specified.

3. Services will be terminated if payment is not made as agreed to by this consent.

4. Consent to assume financial responsibility for these services does not entitle the third-party payer to any interview or phone contact with the therapist or access to any confidential information that is shared within the therapeutic relationship.

5. A bill will be provided suitable for presenting to your insurance carrier for possible reimbursement.

_____ _____
Signature of Client Date

This agreement supplements previous informed consents.