

Stephanie R. Frey, MAMFC, LPC-S, LMFT-S

Licensed Professional Counselor

Licensed Marriage and Family Therapist

2525 Robinhood Street, Suite 1100, Houston , TX 77005

(281) 953-7474

Fee Agreement & Schedule

Name: _____ Date of Birth: ____ -- ____ -- ____

Contact Phone:(_____) _____ -- _____

Fee for Service

- I agree to pay the standard fee of \$150 per counseling session.
- I agree to pay the reduced fee of _____ per session for the reason: _____. I realize that this fee is a reduction of _____ per session effective until _____. I will notify my therapist in the event of any changes in regard to my financial situation.

General Fee Information

- All fees are to be paid at the time of service. The standard fee for counseling is one hundred fifty dollars (\$150) per session. If services are required for court related issues which may include such items as, but not limited to: depositions, court room testimony, administrative expenses, travel time from and to my office, and waiting to testify; the fee is \$175 per hour.
- Since outpatient and psychotherapy services are the only services offered, I cannot guarantee around-the- clock availability. Therefore, if you should experience emotional or behavioral crisis and I cannot be reached immediately by telephone, please contact your local medical or psychiatric hospital and/or 911. Please be encouraged to know that I will do my best to contact you and make myself available to you in the event of an emergency.
- Unless otherwise agreed upon by the therapist, accounts that are overdue by 4 sessions could result in the cessation of appointments until the outstanding balance is made current.
- I understand that if I need to cancel any session that I need to give at least a 24-hour notification. If I fail to attend a session or fail to cancel a session, I realize I will be billed the cost of the session. Each client is afforded one "Grace" session where they may not be charged for a missed appointment without a 24-hour notice.
- I agree that this financial relationship with this therapist will continue as long as the therapist provides services or until I inform him/her that I wish to end therapy. I agree to pay for

services provided to me (or the client) by this therapist. I realize that I am responsible for any unpaid/outstanding balance if I end therapy.

- I agree that I am responsible for the charges provided to me by this therapist, although other persons may make payments on my account.

Court Fee Information

- I understand that if Stephanie R. Frey's services are required for court related issues which may include such items as, but not limited to: depositions, court room testimony, administrative expenses, travel time from and to my office, and waiting to testify; the fee is \$175 per hour. This fee is regardless if she is actually called to testify.

Contact Information

- I understand that email notifications of upcoming appointments are provided. I am also aware of the potential risks related to electronic communication, such as limited confidentiality. I would like to receive email notifications of appointment: Yes No

I acknowledge that I have read, understand, and accept all the conditions of the above.

Signature of client

Date

I have discussed this financial agreement with the client (and/or person acting for the client).

Signature of therapist

Date