Judi Oshinsky Psychotherapy LLC
Judith Cohen Oshinsky, M.S.S.W., L.C.S.W.
Psychoanalytic Psychotherapy

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Agreement to Pay for Professional Services

I request that Judith Cohen Oshinsky, LCSW provide psychotherapy services to me or to _____, who is my _____ , and I agree to pay this therapist's fee of $165 per 45 minutes session for these services (unless other arrangements have been made). Sessions that extend beyond 45 minutes will be charged on a pro-rated basis. I understand that I am responsible for payment for phone contacts, written correspondence/reports, photocopying and other administrative tasks that are not reimbursable by insurance.

I agree that this financial relationship with this therapist will continue as long as the therapist 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 understand that continuity is important to the positive outcome of my therapy. I also understand that the therapist reserves my session time on a regular basis and thus this time cannot be filled by anyone other than me. Thus I understand that I am financially responsible for any scheduled sessions that cannot be rescheduled within the same week with the exception of planned vacations that are discussed with my therapist in advance, weather emergencies or the death of an immediate family member.

I understand that therapist will exercise the right to use a collection agency or small claims court if my account is delinquent and that I am responsible for any related charges. I understand that therapist will suspend psychotherapy services for accounts more than 3 sessions in arrears. I also understand that I am responsible for the bank fee for any returned checks.

_____
Signature of client (or person acting for client) Date

_____
Printed name

I, the therapist, 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