

Laura G. Doherty, LCSW
gdoherthy.therapy@gmail.com
(646) 494-4086

PAYMENT AGREEMENT

I, _____, agree to meet with Laura G. Doherty, LCSW, _____ time(s) per week and understand that the full fee for sessions is: \$_____. My sessions will last 45 minutes. I am aware that any cancellations of appointments must be made more than 24 hours before my appointment, unless it is an emergency and if I do not cancel or not show up, I will be charged for the full fee of that appointment. I agree to be financially responsible for the cost of treatment and I am aware that if I have not paid for services received or worked out a payment arrangement with Laura G. Doherty, treatment may be discontinued.

Please initial below:

_____ I am paying full fee for counseling and am aware that I must make payment at each appointment. I am financially responsible for these fees. I am not able to pay full fee for therapy and I have discussed a sliding scale fee with Laura G. Doherty, LCSW.

_____ I am aware that health insurance is not currently accepted by Laura G. Doherty at time therefore I am fully responsible for payment.

_____ I am aware that the practice of counseling is not an exact science and so predictions of the effect are not precise or guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment provided by Laura G. Doherty, LCSW. I understand that regular attendance will produce the maximum benefit, but that I am free to discontinue treatment at any time. If I decide to do so, I will notify Laura G. Doherty, LCSW, at least two weeks in advance so that effective planning for termination and or continued treatment elsewhere can be implemented. I am aware that I will still be responsible for payment for the services that I received. I understand that Laura G. Doherty, LCSW is not providing an emergency service and I have been informed of whom and where I should call upon in an emergency or during weekend, vacations, and evening hours. I understand that all conversations with Laura G. Doherty, LCSW, are confidential. I further understand that Laura G. Doherty, LCSW, by law, must report actual or suspected child or elder abuse/neglect to the appropriate authorities. In addition, Laura G. Doherty, LMSW, has a legal responsibility to protect anyone if I may threaten harmful or dangerous actions (including those actions to myself) and may break confidentiality of our communication if such a situation arises.

_____ I have read the above information carefully. I have had the opportunity to ask Laura G. Doherty, LCSW any questions I have for full clarification.
(continued, p. 2)

Date: _____

Name (please print): _____

Signature: _____