



Empower  
Counseling  
Services, LLC

## Agreement to Pay for Professional Services

I, the undersigned, request that CATHERINE W. HARMAN, MS, LPC/S, provide professional services to me/or \_\_\_\_\_ as a client, and I agree to pay this therapist's fee (\$100 per hour for regular office visits) for these services. NOTE: These rates may be less if insurance is being processed and any special rates have been agreed upon with the insurer.

If, at any time, I am dissatisfied with this therapy I will fully discuss my views, reasons and plans with the therapist (and if the patient is a minor, with the patient named above).

I agree that this financial relationship will continue in effect with the above named professional as long as this therapist provides services until I inform her, in person, by telephone or by certified mail that I wish to end it. I agree to pay for services rendered to this patient up until the time I terminate the relationship.

I understand that I am responsible for charges, not covered by insurance, for services provided by this therapist to this client. Any responsible charges will need to be paid in full prior to rescheduling.

Patient Initials: \_\_\_\_\_



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## Missed Appointment/Late Cancellation Agreement

We want to work with you to meet your treatment goals and gain the most of your therapy sessions. Your time is important, and your appointment time is for you only. We do not double book clients. If you miss your appointment there is an automatic consequence to us as we are not able to file with your insurance since insurance does not cover missed appointments nor late cancellations. Late cancellations are cancellations of an appointment less than 24 hours prior to the appointment.

EAPs cover a specific number of sessions. EAPs cannot be billed for missed appointments/late cancellations, therefore the same missed appointment agreement applies to individuals using their EAP benefits.

As of 01/01/2023 a missed appointment fee is \$50.00 for each missed appointment. We **CANNOT** bill your insurance company for a missed appointment.

The following are ways to avoid missed appointment fees:

- 1) Be on time and at each scheduled appointment.
- 2) Schedule appointments that you know will work for you and your family
- 3) I send a reminder text at least 24 hours prior to the appointment, please respond to the text either confirming, canceling or needing to reschedule the appointment. You may call the office 24 hours a day, 7 days a week and leave a message on our voicemail system outside of normal business hours.

Patient Initials: \_\_\_\_\_



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## Credit/Debit Card on File Agreement

I agree to provide my credit/debit card information that will be kept on file and to be used as a form of payment for fees incurred for deductibles (including copays and coinsurance) late cancellation or missed appointment fees or past due account balances. I further understand that the use of credit/debit is at my convenience and that a service fee (i.e., ~3.5%+\$0.15) will be added to the amount of the therapist’s fee, based on the fee scheduled provided by Square and published on the Empower Counseling Services website. Please note that these fees are subject to change based on requirements of the card servicing company. We will inform you of any changes to the servicing fee.

**I authorize Empower Counseling Services, LLC to charge this credit/debit card as needed according to the terms specified in this Agreement and Policy.** Initials: \_\_\_\_\_

My signature below shows I understand and agree with all of these statements.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Client