



Cognitive Renewal, Inc.,
a Licensed Clinical Social Worker

Agreement to Pay for Professional Services

I request that Heather Hansen of Cognitive Renewal Inc., provide professional services to me or to _____, who is my _____, and I agree to pay this therapist's fee of \$215.00 per 50 minute session for these services.

I agree that this financial relationship with this therapist will continue as long as the therapist provides services or until I inform her that I wish to end treatment. 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).

I understand that there is a 48-hour cancellation policy. If I do not cancel within the 48-hour period, I understand that I will be responsible for the full payment of the missed session.

Signature of client (or person acting for client)

Date

Printed name