



FINANCIAL AGREEMENT
CONSENT FOR RELEASE OF INFORMATION
*THIRD-PARTY PAYER

*Only for Clients Whose Services are Paid for by Another Agency

Client Name: _____

I have been referred to Life Skills Learning Center for: (circle all that apply)

Counseling with Licensed Clinician (length to be determined)
Therapy Intake/Appointment - \$150.00
Therapy Session/Appointment - \$125.00

Assessment (1 appointment with licensed counselor for recommendations)
Counseling Recommendation/Evaluation - \$75.00

Anger Management Class (8 weeks to complete)
Class \$20.00 each - total \$160.00

Men's Domestic Violence Offender Treatment Intervention Class (52 weeks to complete)
DV Assessment - \$50
Class \$15.00 each - total \$780.00

Parenting Class (9 weeks to complete)
Class \$20.00 each - total \$180.00

Life Skills Class (20-26 weeks to complete)
Materials/Workbook - \$45.00 (one-time fee)
Class \$25.00 each - total \$500.00-\$650.00

I agree _____ will be billed to cover the cost of my services. I will strive to make all of the classes and/or appointments I am required to attend. If I fail to attend as instructed, I may be dropped and the referring agency/third-party payer will be notified. This agreement will remain in effect while I am a client at LSLC.

Release of Confidential Information

I also consent for LSLC to disclose to _____ the following information: Full name and number of classes/appointments attended. This disclosure of Personal Health Information is used for the sole purpose of billing.

I understand I may request a copy of this agreement.

Client Signature or Guardian: _____ Date: _____

LSLC Staff: _____ Date: _____