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Agreement to Pay for Professional Services

I request that Keri S. Cohen, LCSW, provide professional services to me or to

_____,
who is my _____, and I agree to pay Keri S. Cohen's fee 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 him or her that I wish to end it. 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.

Signature of client (or person acting for client)

Date

Printed name

I, Keri S. Cohen, LCSW, 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

Copy accepted by client Copy kept by therapist