



605 South Trimble Road, Suite D Mansfield, Ohio 44906  
Office- (419)756-9975, Fax- (419)756-1405  
[WWW.LifeStepsinc.com](http://WWW.LifeStepsinc.com)

## LETTER OF AGREEMENT

**Welcome to Life steps, Inc.!** This letter may answer some questions you have about the policy and procedures at Life Steps.

FEES: The initial fee charged for individual, couples and family counseling is \$120.00 per 50-minute session (unless otherwise negotiated) and \$100.00 for subsequent sessions. These fees are due at the time of each session. Group counseling fees will be determined by the length of the session and the number of participants.

The hourly fee of \$100.00 will be billed for agency or school appearances, consultations, letters or reports. If a court appearance should occur, a minimum of \$200.00 up front fee is required to cover the cost of case preparation and travel. If other client appointments are cancelled to free up time to serve you, you will be charged \$100.00 for each hour reserved for you unless otherwise negotiated.

**PAYMENT/INSURANCE:** As a courtesy, we will bill your **primary insurance** (we do not bill secondary insurances). It is **your** (if client is a minor it is the guardian/parent's) **responsibility** to verify your mental health outpatient benefits and obtain authorization if required. Co-payments are due at the time of service. Any deductible you may have will be your responsibility and payment is expected in a timely manner. **Please note: Benefits quoted to you from your insurance company are not a guarantee of payment, nor is authorization for services a guarantee of payment. Ultimately, you are responsible for payment on your account if for any reason your insurance company does not pay any or all claims.**

I understand and agree to the above payment/insurance information:

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

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

TIME OF APPOINTMENT: Life Steps, Inc. office hours are 8:30 A.M. until 5:00 P.M. Monday through Thursday. Appointment schedules may vary based on availability of Therapists. Intakes and treatment sessions are scheduled to last 50 minutes and usually begin promptly at the scheduled time. If your therapist causes a late start, that therapist will try to give you a full 50- minute session. If this is not possible, your fee will be adjusted. If you cause a late start, the session will end 50-minutes after it was scheduled to begin. The charge to you will be the full amount.

CANCELLATION: If for any reason you are unable to keep your scheduled appointment, we request notice 24 hours in advance. There is a \$35.00 charge for appointments not cancelled with 24-hour notice or no-shows (unless otherwise negotiated).

CLIENT NOTIFICATION: Life Steps reserves to right to call, e-mail or text a client to remind the client of upcoming appointments. Should a client not wish to be notified in one of these manners, it is up to the client to notify Life Steps on how they wish to be notified.

EMERGENCY COVERAGE: The Life Steps telephone number is equipped with a message-line when an emergency contact is needed. We will try to return your calls promptly. If you are in a crisis situation and cannot reach us, you may choose to contact your family physician or local hospital emergency services. The Help Line number is 419-522-4357.

CLIENT RIGHTS: Communications between client and therapist are confidential to the extent the therapist will not disclose indentifying information about the client. Exceptions of such situations are 1.) The client is judged by the therapist to pose an imminent danger to self or others; 2.) Such information is necessary to meet a medical emergency; 3.) There is reason to believe a client is sexually abusing a child; 4.) A child reports abuse.

If you are concerned about the details of these or other confidentiality situations, please ask.

OUR AGREEMENT: The therapists at Life Steps are working for you. You can determine what your goals are and our goal is to help you reach them. We may show you how to define your goals or show you what the consequences of reaching these goals might be, however you have the last word on this. Questions regarding diagnosis, prognosis, and length of treatment are welcome.

DIASTER PLAN: It is the office's policy to close should a disaster occur such as a blizzard, ice storm, electrical outage, etc. If a disaster occurs, please listen to your local radio and TV stations for closure information.



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CONSENT TO TREATMENT: We the undersigned have read this statement, understand it, and agree with its terms. It is understood that our relationship may be discontinued whenever these terms are not fulfilled by either the client or therapist.

Consent to treatment: \_\_\_\_\_ Date: \_\_\_\_\_

Consent for Minor Child: \_\_\_\_\_ Date: \_\_\_\_\_

Consent to disclose to Insurance Company: \_\_\_\_\_