



Informed Consent and Agreement for Services

I request that Elizabeth Reeder Johnson, MSW, LCSW, provide therapy services to me and if applicable, to my minor child. The frequency of the sessions will be as needed. All sessions are scheduled in advance.

I agree to pay \$200 per 50 minute session. I understand that fees for services *are due and payable at the time of each session.* I agree to pay with Venmo (all transactions are private), Zelle or credit card transaction at each appointment. I agree to pay for missed appointments unless I provide **24 hours notice** of cancellation for scheduled appointments. ***I understand that phone calls/sessions, Telehealth sessions, In-person sessions, collaborative phone calls with other professionals and requests for documents are all charged at the same rate of \$4 per minute or \$200 per 50 minute session.*** (There is no charge for quick calls lasting under 5 minutes.) I hereby give Elizabeth R. Johnson permission to charge for missed appointments, letters or documents requested by the client/guardian, collaborative phone calls with professionals requested by the client/guardian, in-person sessions, Telehealth sessions & client/guardian phone calls.

Payment Type (please circle one)	Credit Card # Or User Name with phone # or email	Exp Date	3 Digit Security # on back of card	Billing Code	Zip
Venmo/ Zelle/ Visa / MasterCard/ AmericanExpress/ Discover					

I understand that Elizabeth R. Johnson does not accept insurance for payment of services. If requested, I will be given receipt for therapy appointments, which I can submit to my insurance company.

If Elizabeth R. Johnson is requested by me or subpoenaed by me or someone else to testify in a court related proceeding which I am a party, I agree to pay \$4 a minute to Elizabeth R. Johnson for preparation and testifying time (including depositions). If another party requires Elizabeth R. Johnson’s testimony, she will attempt to obtain payment from that party. However, the ultimate responsibility for payment is mine, and I agree to pay all costs and time prior to or at the time of testimony.

Notice of Confidentiality:

Elizabeth Reeder Johnson, MSW, LCSW will keep all information confidential. The only reason confidentiality would be broken is if the client is posing a threat to herself/himself/themselves or others, specifically the client is exhibiting suicidal or homicidal behavior. Also, client records can be subpoenaed by courts. When subpoenaed, this clinician would have to turn over client records to the court.

I have had an opportunity to read this agreement, and I agree with all of the provisions contained in this agreement. By signing below, I do hereby voluntarily consent to therapy treatment for myself and/or my minor child. I understand that if I have any reservations, I should not sign this agreement.

Client’s Name: _____

Client’s Signature: _____ **Date:** _____

**Parent/ Conservator’s
Signature if Client is a Minor** _____ **Date:** _____