Kurt LaRose, MSW, LCSW

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Parental Consent for Counseling and Fee Agreement with General Terms

Agreement Effective: _____

Online Forms Users: Read the online forms page for confidentiality limitations before typing online.

This is an agreement between Kurt LaRose and the guardian(s) named below. This contract gives permission for counseling services to begin with my child and it contains the payment terms for services.

I _____
(PARENT/GUARDIAN NAME)

_____
ADDRESS

_____
CITY, STATE, ZIP

_____
HOME PHONE

_____
CELL PHONE

_____
WORK PHONE

_____
SOCIAL SECURITY NUMBER * *

_____
LICENSE NUMBER *

agree to allow_____
(CHILD)

born on _____

to participate in the counseling services provided by Kurt LaRose, a Clinical Social Worker and Psychotherapist. As the parent (and/or legal guardian; verified by the drivers license number* provided herein) of the above named child, I swear that I am duly authorized to give my consent for counseling services, assessment and treatment. I understand that I may withdraw this consent at any time. I understand that LaRose may end counseling services at any time as well - and will agree to allow for appropriate termination processes (up to two additional closure sessions) which are consistent with the highest standards of ethical and professional care.

Counseling sessions last for one clinical hour (50-55 minutes). They begin and end on time. I understand that if I arrive late to an appointment, and if LaRose is still able to see my child, the session will end at the regularly scheduled time. If I bring my child to any session late, I understand that full payment for the session is expected and I agree to pay the full hourly rate - even when my child is seen for a shorter time.

I agree to call LaRose 24 hours prior to a scheduled appointment, if I need to cancel or re-schedule. "24 hours" is based upon business days of the week. For example, to cancel a Monday appointment "24 hour notice" means that the appointment would be cancelled by the previous business day - on Friday. In this example, if it is cancelled on Saturday or Sunday the "no show fee" would be assessed and due. In the event of an emergency or some other extreme circumstance LaRose *may (or may not)*, at his sole discretion, waive the no show fee. I agree that if a 24-hour notice is not given and if a no show fee is charged it is immediately due. The no show fee is equivalent to the agreed to "hourly rate for counseling services."

The hourly rate for counseling services is $_____. This fee is due at the end of each session. The fee is valid for the next 90 (ninety) days and, unless written notice is given to the contrary, the rate herein will remain in effect for the duration of treatment. In the event the fee is ever a burden for me and my family, I agree to contact LaRose to discuss whether or not other payment options can be made - prior to any decision to discontinue counseling. Continuation of counseling may be clinically indicated, even in cases where counseling services costs are prohibitive to continue, thus I understand the importance of negotiating acceptable payment arrangements between LaRose and I. If acceptable payment arrangements cannot be made at any point during the treatment process, I understand that LaRose may initiate the process of termination (requiring up to two closure sessions). In the case of termination, as described here and in the opening paragraph of this "Parental Consent and Fee Agreement with General Terms," whether initiated by me or by LaRose, "the hourly rate for counseling services" is applicable and due.

If I pay by check and my bank returns the check to LaRose, for any reason, I agree to pay LaRose an overdraft fee of $55.00 or the current maximum allowable by Florida law (whichever amount is lower). I understand that the overdraft fee will be due even if I no longer use counseling services and that LaRose may exercise all legal means to collect the fee, including placing the check with a collection agency and/or filing for collection via the court system (criminal and/or civil). If I fail to pay any amount due to LaRose for services rendered, I fully understand that my name, address, telephone number, and amount(s) past due will be placed with a known credit reporting bureau (local and/or national) for the purposes of collecting past due debt(s). In the case of credit reporting I hereby consent to the release of such information, and waive confidentiality protections limited to *only that which is needed to report the past due debt.*

If my account is placed with a credit-reporting bureau, which is one reason I have provided LaRose with my Social Security Number **, I understand that I will be responsible for any collection fees to cover the costs of initiating collections and credit reporting processes. The report to a credit bureau will specify, if the credit bureau requires specificity, that the services rendered were "Contractual Professional Services" and may include a copy of this agreement. Finally, any other legal costs that might be incurred by LaRose to collect any debt that may arise as the result of this agreement are costs that I fully assume and agree to pay - in addition to the cost for counseling services. Those costs might include filing fees with the court system, bank fees, service fees, attorneys fees, as well as any other fees incurred for the purposes of recovering any amounts due to LaRose. _____(initial here).

I understand that LaRose will not release information regarding what is shared in counseling sessions and that all case notes, assessments, and other records will remain fully confidential as protected by Federal and State laws.

With my signature, I acknowledge that I have been given a copy of the website URL (printed at the top right hand side of this form) regarding LaRose and his Private Practice, his work with children, and the process of assessment, diagnosis and treatment. I acknowledge that I have read and received a copy of this agreement:

_____
Parent / Guardian Signature

_____
Kurt LaRose Signature

_____
Date of Signatures