

Living Hope Counseling Center Church, Partner or Third-Party Funding

THIRD PARTY NAME AND ADDRESS PAYING FOR SESSIONS:

I understand that third party named has agreed to pay for _____ 60-minute counseling sessions for me. I also understand that the third party will receive an invoice with my name, session date and length for payment purposes only.

I am responsible for \$_____ and the third party will pay \$_____ for each attended 60-minute session.

By signing this form, I acknowledge that I am granting Living Hope Counseling Center the ability to provide billing information only to the third party named. I also acknowledge that any late cancellations or missed appointments will be my full responsibility and will not be billed to the third party.

Signature of Client

Date

CONTINUED THERAPY AFTER THE INITIAL SESSIONS

___ I do not want Living Hope Counseling Center to seek additional funding from the third party after the initial agreed upon sessions are completed. I understand other payment arrangements will need to be made to continue therapy.

___ I grant authorization to Living Hope Counseling Center to request additional session funding from the third party understanding that the third party may require a general understanding of whether I am regularly attending and benefiting from the therapy before additional sessions are funded.

Before my counselor or Living Hope Counseling Center can release any information to the third party for continue session funding, I understand I will need to sign a Release of Information authorizing the specific information to be released. If I choose not to sign the Release of Information, the additional third-party funding will not be sought and other payment arrangements will be made.

Signature of Client

Date

Signature of Counselor

Date