# Client Registration

**Clients Full Name:_____ SSN#:_____**

**Home Address:_____ City:_____ State:_____ Zip:_____**

**Phone (Home):_____ Cell:_____ Work:_____**

**E-Mail:_____ Sex: Male _____ Female:_____**

**Client Employer / School:_____ Date of Birth:_____-_____-_____**

**Age: _____ Referred by:_____**

**Person to Contact in an emergency:_____ Phone:_____**

## Financial Agreement

Katherine Bogushefsky-Reamer MC, LPC:

*Session (45-50min) $125.00 *Couples/Family Intakes: (80 minutes) $200.00

Geri Rosas LMSW: *Intakes and sessions (45-50 min) $75.00

I reserve the right to deny requests for written reports or for copies of the clinical records within the limits of the law. However, in the event that I am required to write and/or submit any reports or documentation to any party or participate in court proceedings the client will have financial responsibility at the rate of $150.00 an hour.

- I understand that I am legally responsible for all fees due to New Paths Counseling.
- I acknowledge that if I desire to seek reimbursement from my insurance company for counseling services, I am required to submit my own claims unless New Paths Counseling or its employees are listed as in-network providers. (See Client Insurance Information sheet).
- I acknowledge that I am responsible for paying for services at the conclusion of each session.
- I acknowledge that I am responsible to pay the full session fee for missed sessions and sessions not cancelled 24 hours in advance.
- I acknowledge that I have been informed and encouraged to ask and discuss any questions I may have about policies, procedures, grievances and treatment plan and or method(s) with Katherine Bogushefsky, MC, LPC

Client signature_____ Date_____

Spouse or Guardian signature_____ Date_____