Client Registration

Client(s)FuII Name:_____

Home Address:_____City:_____
State:_____Zip:_____

Phone (Home):_____Cel(s)l:_____Work: _____

Email:_____Sex: Male_____Female: _____

Client Employer / School:_____Date of Birth:_____-_____-_____

Age:_____Referred by:_____

Person to Contact in an emergency:_____Phone:_____

Financial Agreement

*Intakes and Trauma treatment sessions: (90 minutes): $265 cash, check, Zelle, or Venmo
$275 Visa, Mastercard, or Discover

*Short counseling sessions: (45-50 minutes): $135 cash, check, Zelle, or Venmo
$140 Visa, Mastercard, or Discover

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.
- 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 48 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_____

Guardian/Partner signature _____ Date_____