

# HYDE PARK

COUNSELING PROFESSIONALS

hydeparkcounseling.com/online

513-310-8408

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Thank you for choosing our services for your needs. Please read and sign the agreement below. It lays out billing, scheduling and cancellation procedures. If you have any questions please ask for clarification.

- Payment of all fees is expected at the time of membership sign-up through our payment portal located at [hydeparkcounseling.com/signup](http://hydeparkcounseling.com/signup).
- All membership cancellation requests must be made 48 hours in advance of the recurring payment date in order to insure adequate cancellation processing.
- Any sessions not used in the 30 day membership period will be forfeited and clients will be charged for the next 30 day cycle on a recurring basis.
- Clients who join a monthly membership are entitled to four, 45-minute online therapy sessions per 30 day period and will be billed on a recurring basis monthly from the date they sign up for services.. It is crucial that clients schedule with their counselor weekly in order to get the maximum benefit from our service.
- Clients who enroll in our weekly membership are entitled to one, 45-minute online counseling session per week and will be billed on a recurring basis weekly from the date they sign up for services.
- If I default on my account, I understand I will be subject to finance and/or legal fees in addition to the total account balance.

I,

**Name\***

agree to the above financial and cancellation policies. In the case of default payment, I am responsible for full payment of the balance, interest accrued, and any collection costs and legal fees incurred to collect on this account. I understand this service is to be paid for out of pocket and no insurance will be billed. I have read, understand, and accept the information and conditions specified in this agreement.

**Membership Selected \***

*Please select one*

- Monthly (\$240, auto-drafted each month)  Weekly (\$70 auto-drafted each week)

**Client Signature\***

*(This will require your client's signature)*

**Date\***