

Kelly Bernstein, MS, LCDC, LPC
Alamo Heights Forensic and Individual Therapy

1600 North East Loop 410, Suite 112
San Antonio, Texas 78209
Office: (210) 265-1952 Fax: (210) 267-1653
kelly@alamoforesic.com

FEES AND POLICIES

When you schedule an appointment, that time is set aside specifically for you. Last minute cancellations and missed appointments are detrimental to the mutual respect and trust that are essential to the therapeutic relationship.

Listed below are my rates, fees, and policies regarding counseling/therapy services.

Initial each section. Sign and date the document in the space provided.

INITIAL Hourly rates for counseling/therapy and consultation are \$100. After the initial hour, half-hour rates are \$50.

INITIAL Hourly rates for Parent Facilitation/ Parent Cooperation/ Co-Parenting are \$150. After the initial hour, half-hour rates are \$75.

INITIAL The fee for a missed appointment or an appointment cancelled within 24 hours of the scheduled appointment time is equivalent to the full price of the appointment.

INITIAL Court Appearances/ Testimony require a minimum \$600 retainer, which covers the first 2 hours (portal to portal). Each additional hour is \$150.

INITIAL The client forfeits the \$600 minimum retainer, when Kelly Bernstein has not been informed of a cancelled Court appearance, at least 48 hours prior to the scheduled Court appearance.

INITIAL It is the responsibility of the client to keep personal contact information current at all times. Any cancellations or missed appointments due to a client's personal information being outdated are subject to the above stated fees.

INITIAL The client agrees to keep a current and active credit card on file with Kelly Bernstein.

INITIAL The client agrees to have fees for services rendered, cancellation fees, and missed appointment fees charged to their credit card on file. This includes phone calls, voice mails, text messages, emails, client communications, attorney communications, preparation of documents, review of documents, preparation for Court appearances/testimony, etc. as per Payment Terms.

INITIAL Excessive cancelled, re-scheduled or missed appointments may result in termination of the counseling/therapy relationship.

INITIAL All of the client's questions and/or concerns regarding the information listed above have been addressed to the client's satisfaction.

INITIAL The client has been given a copy of the document for their personal records. All forms can be accessed at www.alamoforesictherapy.com.

Client/ Responsible Party Signature

Date