**Healing Strides Counseling Services, LLC  
135 East Erie Street  
Suite 303  
Kent, OH 44240  
(330) 256-0337**

**CLIENT POLICY STATEMENT**

Appointments: Our services are rendered by appointment only. The length of the appointment time varies on the basis of services provided and need. Individual counseling is generally scheduled for 55 minutes and this is known as a clinical hour.

Cancellation: If you find it necessary to cancel a scheduled appointment, I require a twenty-four (24) hour advanced notice. If there is not a 24-hour notice there will be a $60.00 charge billed directly to you. This also applies to not showing up for your scheduled appointment. Your insurance company will not pay for late cancellations or no-shows.

Payment: All copays must be paid at each date of service unless other arrangements have been made and approved by myself. If for any reason your insurance company does not pay for your session, you are responsible. I accept cash, check or credit card.

Late Fees: The total bill shall be paid in full within 30 days. If payment in full is not received on or before the due date, an UNANTICIPATED LATE PAYMENT OF 1.5% per month will be charged on the unpaid balance of your account.

NSF Checks: There will be a $30.00 charge billed to your account if checks are returned NOT SUFFICIENT FUNDS. This charge, plus the amount of the check submitted must be paid before any future session can be scheduled and/or held.

Legal Support: Court appearances will be charged at $150.00 per hour. This time will begin when the counselor leave the counselor’s office and will end when the counselor returns to the office.

I understand, as a client or the parent or legal guardian of a minor client, it is my responsibility to pay for services rendered to me regardless of whether or not there is insurance coverage.

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Client Signature

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Client Signature (or parent or guardian of a minor Child)