Hoxworth Counseling Services
4695 N M37 Hwy, Suite A, Middleville, MI 49333
269-205-2402 ◆ Fax:269-205-2728
Email: info@hoxworthcounseling.com ◆ Website: hoxworthcounseling.com

Consent for Self-Pay Fee Sessions

Client's Name: _____

Initial Date of Service: _____ and all future appointments

Self-Pay Session Fee Rate: $_____per hour

I consent to pay the self-pay session fee rate for services rendered. I understand that these self-pay sessions will not be billed to nor are the responsibility of my medical insurance company.

_____ Date: _____
Client/Parent/Guardian Signature