

Ethan M. Klein, LCSW
730 N. Post Oak Rd – Suite 301
Houston, TX 77024
832-282-4456

Treatment and Financial Contract

I, _____, parent/legal guardian of _____ consent for Ethan M. Klein, LCSW to bill me \$180 per session for services rendered.

I understand that Ethan M. Klein, LCSW will receive the payment of \$180.00 per 45 minutes is due at the time that services are rendered. I understand that a scheduled appointment means that time is reserved for me. If an appointment is missed or cancelled with less than 24 hours notice, I will be billed according to the scheduled fee. I understand that three missed appointments without sufficient cancellation notice may result in the termination of treatment.

I understand that if I am involved in any legal action that requires testimony or deposition, that Ethan Klein, LCSW will charge a fee of \$600.00 per hour portal to portal. This fee also includes time spent preparing for the testimony or deposition and making copies of any records involved.

If I am asked to have the client assessed by a psychiatrist, I will comply.

I understand that this is a legally binding contract and that any changes, additions, or subtractions will be agreed upon by both parties in writing.

Signature of client Date

Signature of parent, guardian or legal representative Date

Ethan M. Klein, LCSW Date

