

**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 \$200 for 45-50 minutes for individuals and \$220 for 50-55 minutes for couples per session for services rendered.

I understand that Ethan M. Klein, LCSW will receive the payment 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.

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Signature of client Date

\_\_\_\_\_

\_\_\_\_\_

Signature of parent, guardian or legal representative Date

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Ethan M. Klein, LCSW Date

