

**PARTNERSHIP PROGRAM**  
Financial Agreement, Consent Form & Release of Information

Client Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

There is a third party that will be paying for a portion of my bill. Should the third party not remit payment within 90 days, I will be responsible for the balance. I agree to be financially responsible for any cancelled appointments in accordance with Rachel Pelander's cancellation policy. I hereby give my consent for mental health treatment with Rachel Pelander. I authorize verification of the payee and release of information by the payee for processing claims. I am aware that fees left unpaid for over 90 days may be turned over to a collection agency. I agree that I will not withhold or delay payment by prior agreement.

**THIRD PARTY PARTNERSHIP PAYMENT AGREEMENT:**

Name of Third Party: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to the client: \_\_\_\_\_

<p>Fee for Counseling Services: \$ _____ (50 / 80 minute sessions)</p> <p>Third Party agrees to pay \$ _____ per session for _____ sessions</p> <p>Client is to pay \$ _____ per session</p> <p>Total amount Third Party agrees to pay for services \$ _____</p> <p><b>PLEASE MARK THE CHOSEN METHOD OF BILLING/PAYMENT:</b></p> <p><input type="checkbox"/> Credit card payment on each day of treatment</p> <p><input type="checkbox"/> Credit card / Check for full amount</p> <p><input type="checkbox"/> Monthly bill mailed</p>
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\_\_\_\_\_  
CLIENT SIGNATURE (or person legally responsible)

\_\_\_\_\_  
Date

\_\_\_\_\_  
THIRD PARTY PARTNER SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
THERAPIST SIGNATURE / Rachel Pelander

\_\_\_\_\_  
Date

## WHAT CAN YOU EXPECT FROM PARTICIPATING IN THE PARTNERSHIP PAYMENT PROGRAM?

### CONFIDENTIALITY.

I am committed to protecting the confidentiality of each of my clients and partners. This means that no one will ever hear from me that I am meeting with an individual or couple within your community; no one will know if anyone in leadership in your community is participating in counseling; and no one will know if anyone on your staff, individually or collectively, is seeking therapeutic support. I am legally and ethically bound to protect the privacy of all parties.

### THE HOPE OF COLLABORATION.

I understand my work to be happening in a larger communal context. I love cultivating a safe place where people can be completely honest about their stories and struggles. My hope, however, is that this would not simply be true of a therapeutic relationship, but would be increasingly cultivated in the families and communities where relationships are being lived out on a daily basis. It is important to me to invest in the development of safe communities where individuals, couples, and families are free to be honest, to struggle, and to need support. My hope and intention is to encourage each client to lean into the resource of their broader community as long as it is a safe place for them to do so.

That said, my commitment to confidentiality overrides this hope. Any collaboration among parties for the sake of providing more comprehensive wrap-around support for an individual, couple, or family will ONLY happen if it is the expressed (and documented) desire of the client(s). They will have the right to determine the degree and content of any collaboration with you to ensure their best care.

### FINANCIAL CLARITY.

At the onset of your endorsement of my work with a client, a written and signed agreement will be established to determine a) the percentage of each session you will cover, b) the number of sessions you are willing to cover at that amount, and c) the preferred method of payment (see options on the back of this form). You will receive written invoices/receipts every time you are charged.

Once the client has used all the funds and/or sessions allotted in the initial agreement, our partnership is considered complete. At that point the client and therapist are free to agree whether to terminate or continue treatment, and to arrange a new means of payment if they decide to continue. If you would like to continue to provide financial assistance for the client, I welcome you to initiate establishing a new agreement. I will never apply any pressure upon you to do so.

### EXCELLENT CARE.

It is a sober and weighty privilege to walk alongside others in therapy. I am committed to stewarding this privilege with utmost care.

## THE FINE PRINT

### Payment options:

1. Submit credit card information at the onset, and be charged for each session after it happens. A receipt will be sent to you each time the credit card is billed. (This is the simplest method of payment).
2. Pay the full amount for the agreed upon number of sessions at the onset. You will receive a receipt for the full amount paid, as well as an invoice detailing the date/amount charged of each session at the end of the contracted terms. With this option you may pay using a check, cash, or credit card. Any unused funds (should the client not complete the anticipated number of sessions) will be refunded to you in full.
3. Pay for each month of counseling, as it occurs, up to the agreed number of sessions. You will receive a bill for the month's sessions, and are then expected to pay by credit card online or to issue a check within 48 hours.

Once the Partnership Program form is filled out and signed by all parties, you are responsible for the portion you have agreed to, up to the pre-determined number of sessions. If a client participates in fewer sessions than you have agreed to cover, you will only be charged for the attended sessions.

The client is responsible for the portion of the bill not covered by you, in accordance with the signed Financial Agreement and Consent Form. The client is responsible for any appointments not cancelled with a 24 hour advance notice, in accordance with my cancellation policy.

By entering this partnership, you agree to not withhold or delay payment. Should you not pay the bill within 90 days, the client becomes responsible for your portion of the bill as well as their own.

I acknowledge that I have read, and agreed to, the terms in this document.

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THIRD PARTY PARTNER SIGNATURE

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Date

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THERAPIST SIGNATURE / Rachel Pelander

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Date