



**Carol Park**  
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# Financial Responsibility Agreement

I agree to be financially responsible for the charges incurred during the course of treatment. I understand that payment is due when services are rendered.

I agree to be on time for my appointment. I am aware that time reserved for me will end as scheduled. If ever I am unable to attend my appointment, I will give a **24 hour advance notice of cancellation by leaving a message with the voice mail**. I agree to pay the full session fee if I neglect to give a 24-hour advance notice of cancellation.

I understand that calls of fifteen minutes or longer may be charged at the regular hourly rate from the beginning of the call.

I understand that my therapist will endeavor to keep on schedule. If ever I am inconvenienced by tardiness on the part of my therapist of more than twenty minutes, credit will be given to me either in time when permitted or by reducing the amount of the charge.

Please do not hesitate to bring up any financial questions you may have. If financial difficulties arise which may affect your treatment, please bring them to my attention.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_