



anna d. grimm MA, LMFT, CDVC

**Connected Marriage and Family Therapy
Agreement to Pay for Professional Services**

I request that *Anna Grimm* provide to me/us professional services and I agree to pay \$ _____ per session for these services.

I agree that this financial relationship with this therapist will continue as long as the therapist provides services or until I inform him or her, that I wish to end it. I agree to pay for services provided to me up until the time I end the relationship.

Signature of client (or person acting for client)

Date

Printed name

I, the therapist, have discussed the issues above with the client (and/or the person acting for the client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of therapist

Date