

Kairos Christian Counseling Ministries, LLC
Consent to Treat and Fee Agreement
Signature Sheet

The information contained within this Consent and Fee Agreement Packet has been explained to me, and I have been offered a copy. **Please initial:** _____

I agree to accept Kairos Christian Counseling Ministries, LLC's professional services (for myself or my minor child). **Please initial:** _____

I agree to pay a fee of \$_____ for the initial diagnostic assessment session

\$_____ per subsequent couples and family session

\$_____ per subsequent individual sessions for these services.

Please initial: _____

Client or Parent/Guardian Signature: _____

Date: _____

Therapist Signature: _____

Date: _____