



## *Summit Families First, LLC*

529 SE 2<sup>nd</sup> Street Suite A  
Lee's Summit, MO 64063  
816-608-5335  
Summitfamiliesfirst@gmail.com

### **AGREEMENT FOR SERVICES**

I understand and agree to services through Summit Families First, LLC. While these services may be Court ordered, I understand that there are rules through this organization that I am obligated to follow for ongoing participation in this program.

Our organization is committed to providing you with the best possible service. Your clear understanding of our Financial Policy is important to our professional relationship. Please ask if you have any questions about fees, the Financial Policy explains your responsibility for payment.

All clients must complete the Intake Form, Credit Card Authorization and Agreement for Services prior to start of services.

Summit Families First does not bill any sessions to insurance. Payment is due forty-eight (48) hours before service. We accept all debit/credit cards and processing fees will likely be incurred. Checks are not accepted. A 48-hour notice is required for all cancellations. Your hourly assigned fee will be charged for the missed appointment. Your appointment time is reserved specifically for you. Policies regarding charging for missed appointments appear herein. Fees incurred in less than 24 hours may include situations such symptoms of Covid, Covid testing, illness, accidents, inclement weather, etc. Fees will be charged to the credit card on file. More than two no shows or last minute cancellations may result in discharge from services.

If you have an open legal case, there may be occurrences when staff is required to meet with, contact or send reports or emails. There may be consultation fees associated with your particular case. These fees may apply to the case. Consultations with attorneys, therapists, or co-parent counselors, take us away from our practice and therefore incur an additional charge. Often, we work late and on weekends to meet the needs of our clients. The fee for depositions, reports, court testimony, email review/response, phone calls, etc. As a result, there will be a minimum of 4 hours charged for court or depositions. Fees for such services are paid in advance or deposited with your attorney in advance of the required date. Court fees are nonrefundable. This may be by zoom or in person. Prices are non-negotiable. Late cancellations by one party may result in the person cancelling paying both fees.

### **Professional fees**

|   |             |
|---|-------------|
| Supervised visitation- parent aide  | \$65.00/hr* |
| *Additional charges may apply for offsite visitation                              |             |
| Therapeutic Supervised visitation- independently licensed therapist               | \$150/hr    |
| Therapeutic Supervised visitation - provisionally licensed therapist              | \$120/hr    |
| Therapeutic Supervised visitation - student intern                                | \$100/hr    |
| Consultations (Court/trial preparation, email review/response, phone, etc)        | \$100.00/hr |
| Court attendance and depositions – parent aide (4-hour min. nonrefundable)        | \$600.00    |
| Court attendance and depositions – owner or therapist (4-hour min. nonrefundable) | \$1200.00   |
| Phone calls/consults with attorneys – parent aide                                 | \$100.00/hr |
| Phone calls/consults with attorneys – owner or therapist                          | \$200.00/hr |
| Fee per email not related to scheduling   | \$25.00     |

### **Therapeutic Supervised Visitation Provider**

There is a difference in rate between a student intern, provisionally licensed provider, and a fully licensed provider. You may request a specific licensure level but there is no guarantee of availability. Additionally, over the course of visits if you start with a provider working towards independent licensure there is a chance they will advance in licensure status during your visits with them. If this happens *the fee will reflect the change in licensure status.*

### **Security of Records**

Your records are kept in secure electronic storage. Records will not be made available without court subpoena or authorization or as required by law. There is a charge for copies of records, which is in accordance with Missouri law. We will follow HIPAA Laws when relevant and will abide by HIPAA to ensure the safety and security of our clients regarding record keeping.

### **Security Cameras and Recordings and Confidentiality of Electronic Communication**

Summit Families First does not allow recordings nor cameras in visits or sessions. If you chose to contact us via email from your personal or work email account, please be aware that email may not be a secure method for communication. Our use of email is primarily for scheduling purposes. If you want future communication through a different platform, please notify us promptly.

I understand and agree to the above terms of service.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Credit Card Authorization

**By signing this form, you give permission to debit the amount for all services you have received, which may include deductible, copays, consultation, court, no-shows, cancelation, late fees, etc.**

Client Name: \_\_\_\_\_

Credit Card Holder's Name: \_\_\_\_\_

Billing Address \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Verification Code: \_\_\_\_\_

**I authorize the above-named business to charge the credit/debit card indicated on this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above and for the amount indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit/debit card company; so long as the transaction corresponds to the terms indicated on this form. At any time, I can discontinue this card but must do so in writing.**

\_\_\_\_\_  
CARDHOLDER SIGNATURE

\_\_\_\_\_  
DATE