



Summit Families First, LLC

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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 must be made by automatic withdrawal. Payments for visits occurring Friday, Saturday, and Sunday will be collected on Wednesday. All other payments will be run two business days prior to the visit. 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 48 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, failure to pay, 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. There are fees 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 - Intake per parent	\$70.00
Supervised visitation- parent aide	\$75.00/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
Records fee	\$0.10 per page plus hourly rate

Therapeutic Supervised Visitation Provider

There is a difference in rate between a student intern, a 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. Records must fall under a Qualified Protective Order prior to disbursement. 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. We have onsite cameras and by agreeing to participate in visitation at our facility you are agreeing to

recording. 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. Email is our primary method of communication.

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