



CRYSTAL MINDS NEW BEGINNING

Evoking **BEHAVIOR** change with lasting effects
through the power of **LOVE**, **SCIENCE**, and **TRAINING**.

Service Agreement for Social Skills Group

Client Name: _____ Client Date of Birth: _____

Legal Guardian Name: _____ Legal Guardian Name: _____

A. Payment Policies (please indicate which one)

1. Social skills group sessions will be covered by my insurance. I will be responsible for any amounts such as copayment, deductible or coinsurance as per my insurance company.
2. I agree to enter a private pay agreement (including Gardiner scholarship) for CMNB's social skills group sessions. I agree to pay the amount of \$105.00 per group session (3 hours).

B. Appointment Policies:

1. No transportation will be provided by anyone contracted or employed by CMNB.
2. Behavior therapist/analyst will not change (diaper/clothes), bathe, or shower client(s).
3. I agree to follow CDC Guidelines.
4. \$20 late fee will be applied to every 5 minutes that pass after dismissal (12:30 or 4:00).

C. Cancellation Policies:

1. Cancellations must be received 24 hours prior to the scheduled start of session.
2. If a client presents with an illness and parents and/or therapist feel that illness may be contagious, therapist can terminate/cancel sessions at any time during scheduled therapy.

I have read and understand the above terms, and fully agree to them:

Legal Guardian Signature

Date

Legal Guardian Signature

Date