

Mike Asbury, CPC

Phone: 865.254.0657 Fax: 865.357-6453

NEW START AGREEMENT

Please read, complete and sign the following new client paperwork. The completed paperwork will need to be returned to our office prior to scheduling an initial session.

To return paperwork:

Fax to: 865-357-6453

Email to:

masbury@masbury.com

Unless otherwise stated, the initial appointment charge is \$200. **Payment is due at time of service.** Mike does not accept insurance assignment.

Demographic Sheet

Date_____

Name_____

Date of Birth_____ Social Security Number_____-_____-_____

Address_____

Home Phone_____ Mobile Phone_____

Email_____

Source of Referral _____

Emergency
Contact_____ Phone_____

Information shared with Mike Asbury, CPC and all associated practice staff is deemed confidential and will not be shared with any party. If a client wishes to allow a third party to have access to a client's information, the client must first sign a *Consent for Release of Information* form. This form may allow Mike Asbury, CPC to discuss all elements of client sessions or only specific elements, at the client's discretion. Consent is required in writing and may be revoked by the client at any time.

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Agreement to Pay for Professional Services

I request that the professional coach, Mike Asbury, CPC, provide professional services to me or to _____ who is my _____, and I agree to pay the fees of \$200 per hour session and \$100 per half-hour session for these services.

I agree that this financial relationship with Mike Asbury, CPC will continue as long as Mike Asbury, CPC provides services or until I inform him, in person or by certified mail, that I wish to end it. I agree to meet with Mike Asbury, CPC as least once before stopping therapy. I agree to pay for services provided to me (or this client) up until the time I end the relationship.

I agree that I am responsible for the charges for services provided by Mike Asbury, CPC to me (or this client).

I have read this agreement and agree to act according to everything stated, as shown by my signature below.

Signature of Client (or person acting for client) Date

Printed Name

I, Mike Asbury, 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 Certified Professional Coach Date

PLEASE KEEP THIS COPY FOR YOUR RECORDS

_____ ☼ _____



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Signature of Certified Professional Coach Date

PLEASE SIGN THIS COPY AND BRING WITH YOU ON YOUR FIRST VISIT

_____ ☼ _____

