

# Paul J. LaChance, PhD

Licensed Professional Counselor

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409 Main St., Chester, NJ 07930 | Lic. # 37PC00720000 (NJ)  
133 North Fourth St, Easton, PA | Lic. # PC009654 (PA)  
908.235.8489 | [pjlachance@outlook.com](mailto:pjlachance@outlook.com)

## Informed Consent Agreement

The success of your therapy depends on your active participation, including attendance at sessions, investment in the work that we do together in session, and completion of between-session tasks. It will be up to you to decide what we talk about and to consent to the specific interventions recommended.

### Confidentiality

No information will be released without your written consent. However, I will be required to release information to third-party payers, e.g., insurance companies, etc. Additionally, I may be required by law to breach confidentiality if I believe that you present a clear and imminent threat to yourself or to the public or that a child is in danger, or I am obliged by a court order, valid subpoena, lawsuit or similar process to release your records or a summary of them.

### Fee Schedule

Individual and Couple Counseling, 60-minute sessions, \$250.00 with sliding scale and no-insurance options. Consultation: Between session phone consultations will be billed at \$25 per quarter hour.

Payment is due at the time of service in the form of cash, check or credit card. I also work on a sliding scale and reserve a limited number of sessions at a reduced rate. In the event you must cancel an appointment, please give me 24-hours' notice. Otherwise, you are responsible for the full amount, which may be charged to a credit card which will be kept on file for this purpose.

Court appearance fees are \$500.00 plus \$100.00 per hour beyond the first 4 hours and federal mileage rate. An administrative fee for preparing and writing summaries for court will be billed at \$200.00. If you anticipate becoming involved in a litigation, please be advised that I may not consent to give testimony or produce documents in response to an attorney-issued subpoena.

If I submit claims to your insurance company, I will accept assignment. Note, my financial agreement is with you not with the insurance company, and you will be responsible for any unpaid balance.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THE TREATMENT AGREEMENT AND INFORMED CONSENT DOCUMENT AND AGREE TO ITS TERMS. YOUR SIGNATURE ALSO SERVES AS AN ACKNOWLEDGMENT THAT YOU HAVE RECEIVED A COPY FOR YOURSELF.**

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Client Signature

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Date

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Signature of Spouse or Parent, if necessary.      Date