Kelly Bernstein, MS, LCDC, LPC
Alamo Heights Forensic and Individual Therapy
1600 North East Loop 410, Suite 112
San Antonio, Texas 78209
Office: (210) 265-1952 Fax: (210) 267-1653
kelly@alamoforensic.com

FEES AND POLICIES

When an Appointment or Court Appearance is scheduled, that time is set aside specifically for you.

Listed below are my rates, fees, and policies regarding counseling/therapy services.

Initial each section. Sign and date the document in the space provided.

_____ Hourly rates for counseling/therapy and consultation are $200.
INITIAL

_____ Hourly rates for Parent Facilitation/ Parent Cooperation/ Co-Parenting are $250.
INITIAL

_____ The fee for a missed appointment or an appointment cancelled within 48 hours of the scheduled
INITIAL appointment time is equivalent to the full price of the appointment.

_____ Court Appearances/ Testimony require a minimum $600 initial retainer and $300 per hour (portal to portal).
INITIAL

_____ Court Appearance/Testimony deposits are non-refundable and apply to a specific scheduled court date. The
INITIAL client forfeits the $600 minimum retainer when Kelly Bernstein, MS, LCDC, LPC has not been informed of a cancelled court appearance at least 48 hours prior to the scheduled Court appearance.

_____ It is the responsibility of the client to always keep personal contact information current. Any
INITIAL cancellations or missed appointments due to a client's personal information being outdated are subject to the above-stated fees.

_____ The client agrees to keep a current, active, and open credit card on file with Kelly Bernstein, MS,
INITIAL LCDC, LPC. In lieu of keeping a credit card on file, the client will deposit a $2000 retainer with Kelly Bernstein, MS, LCDC, LPC.

_____ The client agrees to have fees for services rendered, cancellation fees, and missed appointment fees
INITIAL charged to their credit card on file. This includes phone calls, voice mails, text messages, emails, client communications, attorney communications, preparation of documents, review of documents, preparation for Court appearances/testimony, etc. as per “Payment Terms”.

_____ Excessive cancelled, re-scheduled, or missed appointments may result in termination of the
INITIAL counseling/therapy relationship.

_____ All of the client's questions and/or concerns regarding the information listed above have been
INITIAL addressed to the client's satisfaction.

_____ _____
Client/ Responsible Party Signature Date