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**Client Information, Informed Consent and Acknowledgement of Receipt of HIPAA Privacy Notice**

Section 1: Client Information - ADDENDUM

Payment for Services  
**Cost of Services**

Cost of Initial evaluation session:.....\$175.00  
Cost of individual, family or marital session-60 minute session.....\$150.00  
-45 minute session.....\$125.00  
-30 minute session.....\$ 75.00

By signing below I am acknowledging I have been informed of the cost change of services.

Client/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Minor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist signature: \_\_\_\_\_ Date: \_\_\_\_\_