

Lepage Associates
Solution-Based Psychological & Psychiatric Services

5842 Fayetteville Road, Suite 106
Durham, NC 27713

Telephone: (919) 572-0000
Fax: (919) 572-9999

LEPAGE ASSOCIATES SERVICE AND FEE AGREEMENT FOR BUSINESS SERVICES
Information Concerning The Practice, Financial Arrangements, and Confidentiality

Thank you for the opportunity to offer our professional help to you. We have prepared this form to describe our professional services and office procedures. Please let us know if we can clarify any of this information and if you have any other questions.

Services for Business & Staff Qualifications: We provide services for employers and employees within the workplace. These services include executive consulting and coaching, conflict mediation and resolution, employee coaching and counseling, employee assistance programs (EAPs), outplacement and downsizing services, personal and professional growth seminars, and informational talks. We make every effort to provide you with the highest quality services available. All service providers at Lepage Associates hold doctorate degrees in psychology and have experience in at least one or more areas of workplace services, such as conflict mediation and resolution, motivation, personal and professional growth seminars, and leadership programs. In addition, all service providers at Lepage Associates have experience with public speaking.

Payment: All charges are your responsibility from the date the bill is due, typically 15-30 days. If you commission us to develop a seminar or informational talk, payment is due for the development phase up front, and for the delivery on the date the seminar or talk is given.

Schedule of Fees: (1) Hourly Rate for All Individual Consults with Executive or Employee: \$200.00. (2) Hourly Rate for Mediation: \$200.00. (3) Seminar or Informational Talk Development: \$175.00 per hour. (3) Seminar or Informational Talk Delivery: \$200.00 per hour. All services are billed including travel time when travel time applies. (4) EAP Services: A separate sheet will be provided with full information on the fees associated with your customized EAP. (5) Outplacement/Downsizing Services: A separate sheet will be provided with full information on the fees associated with your customized outplacement and downsizing services package. (6) Late Fees & Returned Checks: If you do not pay in full on the date your bill is due (typically 15-30 days), 10% of the original charge will be added *each week* you are late. Regarding returned check fees, you owe any fees the bank charges us for the bounced check, any fees for time we must spend talking with the bank or yourself to rectify the situation (billed at \$125/hour), plus any late fees that apply. Regarding delinquent accounts, you are responsible for in full and will be charged for in full any and all time we spend trying to collect on the account (billed at \$125/hour), and/or any and all fees of any outside services, such as an attorney or credit collector, hired to collect the debt. (7) Contact Suntiva for their fees for services.

Cancellations and Rescheduling: Given how busy a week can be, for both your convenience and ours we hope that cancellations and rescheduling can be kept to a minimum and used as a last resort. The full fee is charged for cancellations unless: (1) the person we were scheduled to meet with is ill, (2) the person we were scheduled to meet with has an emergency, (3) driving conditions are hazardous due to inclement weather, or (4) 48 business hours notice is provided. If you would like to reschedule an upcoming appointment, we will try to offer an alternative time. Regarding seminars and informational talks, the full fee is charged for cancellations unless: (1) 48 business hours notice is provided, or (2) the seminar or talk is set to be part of a larger event, and that event is cancelled. If you would like to reschedule an upcoming seminar or talk, we will try to offer an alternative time.

Please See Reverse →

Confidentiality: Confidentiality is your expectation that the information you disclose to us will be kept private, including the fact that you consult with us at all. Unlike mental health services provided by psychologists, business services offered by psychologists are typically not kept confidential. However, we leave this decision up to you. If you will allow us to mention the name of your business, and/or make a general reference to what type of services we provided, then we may do so on occasion, such as in promotional materials or when asked by another business what other businesses we have worked with. If you prefer we keep complete confidentiality regarding our work with you, we will gladly do so.

When psychologists provide business consultation and services, it is the business and the person representing the business in the procurement of such services that is the client. For example, employees who participate in mediation, counseling, or act as seminar participants are not the clients; they are recipients of services that have been procured by their employer. The employer, as the client, can be provided with information regarding the content of mediation sessions, seminars, etc. This can be confusing to participants as people are used to contact with psychologists being strictly confidential. However, whereas mental health services are confidential, business services are not, even when provided by a psychologist. These limits on confidentiality will be fully explained to participants so that they may make an informed choice as to their willingness to freely participate. When appropriate, we might suggest to the employer/client that participants be given confidentiality from information being shared with the employer/client; for example, if facilitating a seminar on how to balance personal problems and job performance, we might suggest that employees would participate in discussion more openly if they were assured that information regarding any personal problems they were experiencing were not shared with their employer. Also, employees tend to be more open and benefit more from counseling and coaching if they are given confidentiality. We will work with you ahead of time to determine what the best use of confidentiality with participants would be based on the services you are requesting.

Contacting Us: While we are often in the office, we will not answer the telephone when we are with a client. When we are unavailable, our telephone is answered by a receptionist or by voice mail that we monitor frequently. We will make every effort to return your call on the same day you make it, or at least within 24 hours, with the exception of weekends and holidays. You may also email us to contact us; again, we will make every effort to return your email on the same day you make it, or at least within 24 hours, with the exception of weekends and holidays.

PLEASE BE SURE TO SIGN PAGE 3,
AND FILL IN ALL INFORMATION ON PAGES 3 & 4.
THANK YOU.

Please sign and date below to indicate that you have read the preceding information in full, and understand the information. Please ask for clarification of any information you are unclear about. YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS DOCUMENT AND AGREE TO ABIDE BY ITS TERMS DURING OUR PROFESSIONAL RELATIONSHIP. I have read and understand the Lepage Associates Service and Fee Agreement. I agree to the statements herein and the terms of payment.

Signature

Date

Please print name legibly

Job Title

Contact Information: Please fill in the following information.

Business Name

Main Business Phone Number

Mailing Address

Direct Phone Line to Signatory

City, State and Zip Code

Email Address of Signatory

If signatory cannot be reached, a secondary contact would be:

Name, Job Title, & Direct Phone Line

Payment of Services by Credit Card:

For your convenience we accept payment via credit card. We can keep your card information on file and charge you for services on the date they are rendered. This also ensures you will never have to pay late fees, as if you owe a balance we will charge it before late fees would be assessed. Please complete the following information if you would like to pay by credit card. BY SIGNATURE BELOW YOU AUTHORIZE LEPAGE ASSOCIATES TO CHARGE YOUR CREDIT CARD IN THE AMOUNT INDICATED ABOVE ON PAGE 1 SECTION "SCHEDULE OF FEES," RECURRING EACH TIME YOU OWE A BALANCE.

We accept:   

CREDIT CARD NUMBER _____

CVV NUMBER _____ EXPIRATION DATE _____

NAME AS SHOWN ON CARD _____

CARD BILLING ADDRESS _____

CARDHOLDER SIGNATURE

DATE

