

# WELCOME!

We look forward to working with you.

It is very important for us to know how you first heard about Lepage Associates. We appreciate you taking a minute to fill out information about how you found us. THANK YOU!

YOUR NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

**Referral Source: Please indicate how you heard of Lepage Associates by placing a check in the box, and filling in any additional information asked for.**

**1. Professional Referral or Colleague (Please write full name and complete work place information for person. If the professional was a Lepage Associates clinician who you met, please indicate where you met them, for example, giving a public Seminar, at a group, etc.)**

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**2. Friend/Family/Personal/Previous Lepage Client (Please circle which of 4 applies.)**

**3. Lepage Associates Website (How did you find or link to us? Please indicate below.)**

3a. I linked to you from another site (circle site): Psychology Today Theravive Good Therapy  
Psychotherapy Resources Therapy Tribe Separating Together Solutions for Separating Better  
chapelboro.com-Parenting Page column Chapel Hill Mother's Club-Ask Anything column

3b. Someone gave me your website address (Who? If a professional, please fill in #1 above.)

3c. Internet Search (What wording did you search?) \_\_\_\_\_

**4. Social Media (Please circle)** Facebook Twitter LinkedIn Google+

**5. Flier or Brochure (Where did you find this?)** \_\_\_\_\_

**6. Hard Copy Newspaper or Magazine (Please circle)** Carolina Parent Southern Neighbor  
On the Record Other Paper or Magazine: \_\_\_\_\_

**Other (Please explain)** \_\_\_\_\_

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*I'm sorry, I can't recall*

FOR OFFICE USE ONLY – REFERRAL FORM REVIEWED BY: \_\_\_\_\_

**Lepage Associates**  
***Solution-Based Psychological & Psychiatric Services***

5842 Fayetteville Road, Suite 106  
Durham, NC 27713

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

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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. Examples of these services include executive consulting and coaching, conflict mediation and resolution, employee coaching and counseling, employee assistance programs (EAPs), outplacement and downsizing services, facilitation of retreats and topics to be addressed, 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, or if a master's have at least 10 years experience, 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 on the date services are rendered unless we have agreed to a billing arrangement with you. 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: \$250.00. (2) Hourly Rate for Mediation: \$250.00. (3) Seminar or Informational Talk Development: \$200.00 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 \$150/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 \$150/hour), and/or any and all fees of any outside services, such as an attorney or credit collector, hired to collect the debt.

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 in that the psychologist may mention in a general sense having worked with a business. 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, coaching, counseling, or act as retreat or seminar participants are not the clients; they are recipients of services that have been procured by their employer. However, if an individual hires us for a service for themselves, then the individual is the client and can expect confidentiality. Thus it is the person or entity paying for the service who is the client.

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 FILL IN ALL INFORMATION ON PAGES 1, 4 & 5,  
AND TO SIGN PAGE 4.  
YOU TURN IN PAGES 1, 4 & 5 AND KEEP PAGES 2 & 3.  
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 Debit Card or Credit Card:**

For your convenience we accept payment via debit or credit card; you must bring your card to each appointment for us to swipe. **We require you keep a card on file to cover any unpaid balances** (unpaid balances are rare; an example might be if you had taken your wallet out of your purse and didn't have your credit card or checkbook with you to pay). **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. BY SIGNATURE BELOW YOU AUTHORIZE LEPAGE ASSOCIATES TO CHARGE YOUR CREDIT CARD IN THE AMOUNT INDICATED ABOVE ON PAGE 1 SECTION "SCHEDULE OF FEES," ANY 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

May we mention the name of your business, such as in promotional materials or when asked by another business what other businesses we have worked with?                      Yes                      No

If you answered “yes” to the above, may we also make a general reference to what type of services we provided, for example, consultation, mediation, EAP, seminars, etc.?                      Yes                      No

**LEPAGE ASSOCIATES NEWSLETTER:**

We provide a newsletter to our clients and others; our newsletter is designed to keep the community abreast of new information in the mental health field. For example, a typical newsletter might include articles on topics in health and helpful links to other sites with resources. It is sent out every other month as a useful resource for our clients and other professionals. Your email address is completely confidential, and hidden when the newsletter is sent. We never provide your email address to anyone else, and you can easily Unsubscribe at any time from the newsletter. We have gotten very positive feedback on the newsletter and hope you will enjoy receiving it. By signing above you give us permission to send this newsletter to your email; of course you can Unsubscribe at any time.

If you would also like the newsletter to be sent to your employees, check here:    [    ]  
(We will be in touch to set this up.)