

Rio Grande Counseling Center

Director: Diana Garza Louis, LPC, LMFT
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RETAINER

Child's Name: _____

Parent Name: _____

Parent Name: _____

This is an agreement to pay a retainer fee in the amount of \$625.00. This fee will be used at the rate of 125.00/hr. and will be required if you are requesting coordination, communication, and/or court testimony for your court case. Charges will include:

- All telephone calls in 5-minute increments.
- All contacts with any parties including but not limited to either parent, attorneys, guardian ad litem, CPS workers, school personnel, other therapists, consultants, medical doctors, psychiatrists, or other persons involved in the case.
- Scheduled meetings to review the case with other parties.
- Court testimony.
- Any additional reports written for any party in addition to the standard therapeutic supervision report sent to the Guardian Ad Litem.
- Review of any reports provided (CPS reports, Psychologicals, School reports, Therapy Summaries, other reports, e mails, etc.).
- Non-payment of co-pays by either party.
- Insufficient funds check fees for either party.
- Over-time in therapy sessions (over 1 hr, at 15-minute increments).

Additionally, any court time will be billed at \$200.00/per hour for any court appearance including travel time, with a 2-hour minimum charge.

This retainer will be paid by _____ and will be used for services provided to either or both parties of the case.

When the retainer reaches \$125.00 an additional retainer will be paid for continued coordination of services.

Client Signature

Date

Client Signature

Date

Therapist

Date