

FEES AND APPOINTMENTS

1. Appointments

I understand that I can contact the therapist or leave a message to make, change or cancel an appointment, or in case of an emergency by phoning 250-590-7050 or the therapist's direct number at any time, 24 hours a day.

2. Fees

- 1) I understand that the therapist will charge me \$125.00 + GST per 1 hour session for clinical counselling and related services OR a sliding scale negotiated fee of \$_____ + GST per 1 hour session.
- 2) As evidenced by my signature below, I agree to pay the therapist this fee on the terms and conditions set out in this agreement.
- 3) I understand and agree that the term "fee" used in the rest of this agreement means the fee, disbursement, taxes, or interest charges that may apply, including a cancellation fee.

3. Missed appointments

- 1) I understand that I am responsible for notifying the therapist at the contact number above **at least 24 hours in advance of a scheduled appointment** if I will miss that appointment.
- 2) As evidenced by my signature below, I agree that if I do not give at least 24 hours advance notice to the therapist, I will pay the therapist a cancellation fee equal to the amount I would normally have been charged for attending that appointment.

4. Late arrivals

I understand that if I am late arriving at the therapist's office and therefore attend only a part of a scheduled appointment, that I am nonetheless responsible to pay the therapist the full fee that would be charged for the total time of that appointment.

5. Receipts

- 1) I understand that after I pay for the clinical counselling services provided me, the therapist will issue me a receipt acknowledging payment, if desired.
- 2) I further understand that if a third party is paying the therapist for the services that I am receiving, the therapist may issue a receipt to that party instead of me.

6. Health plan reimbursements

- 1) I understand and agree that I am solely responsible for confirming the scope of coverage of, and for seeking reimbursement for the cost of clinical counselling services from, any insurance, pension, benefit or similar plan of which I am a beneficiary or have an insured interest.
- 2) I further understand that should my health plan not reimburse me for the full cost of the clinical counselling services that I have paid to the therapist, I remain responsible for those additional costs and the therapist will not refund me the difference.

7. Payment by third parties

- 1) If a third party is paying the therapist for the clinical services provided me by the therapist, I agree to facilitate that direct payment to the therapist.
- 2) I further understand that should the third party not pay the full cost of the clinical counselling services that have been provided by the therapist, I will be responsible for those additional costs.

8. Unpaid fees

- 1) I agree to pay the therapist the fee for each session immediately following that session OR I agree to pay the therapist for the counselling services received within 30 days of receipt of a monthly statement.
- 2) I further understand that if the therapist does not receive such prompt payment, the therapist may initiate legal proceedings against me for the amount of the unpaid fee plus any interest charges noted on the statement and do so without further notice to me.

9. Concerns

I understand that if I am not satisfied that the therapist has addressed a concern I may have about our financial arrangements, I may contact the Registrar of the professional body the therapist is affiliated with. The Registrar at the BC Association of Clinical Counsellors, for therapists designated with RCC status, can be reached at 1-800-909-6303. The Registrar at the Canadian Professional Counsellors Association, for therapists designated with RPC status, can be reached at 1-888-945-2722.

10. Signature

I have read and understand this payment agreement, and as evidence by my signature, I agree to pay the therapist according to the above terms and conditions.

Name of Client

Name of Therapist

Signature of Client

Signature of Therapist

Date signed