

## Clinical Services and Counseling Fee Agreement

1. **Initial Intake Fee** -- The initial intake fee is \$150.00 or the copayment required by your behavioral health plan. For clients that prefer not to use their mental health insurance, at least half of the initial intake fee is due on the first visit, with any remaining paid toward a balance during following visits.
2. **Counseling Sessions** -- Clients must pay for services at the beginning of each session. If a client is insured for mental health services and has a co-pay, that co-pay is due at the beginning of each session. A sliding scale based on the ability to pay for services is also offered for those clients falling into the low to moderate-income levels and for those clients that prefer to not use their mental health insurance. If the client chooses not to provide income verification, the client will be billed at \$120.00 per session.
3. **Sliding Scale** -- The sliding scale will be based on household income to be determined by either last year's tax return or three consecutive payroll stubs. The amount of the sliding scale is calculated as follows: for every \$1000.00 of annual income the session rate increases by \$2.00 with a cap of \$120.00 and a minimum of \$50.00. \$4000.00 is deducted from the total annual income for every claimed dependent. For example, a client with an income of \$50,000.00 with three dependents would have a sliding scale rate of \$76.00 (\$50,000 - \$12,000 worth of dependents = \$38,000 annual income).
4. **Cancellations and/or Missed Appointments** -- Clients must cancel sessions **24 hours in advance** or they will be charged a flat fee of \$50.00 for the missed session. Clients that fail to appear for their scheduled session **without any notification** will be charged a flat fee of \$120.00 for the missed session. Clients who cancel and/or miss **3 consecutive sessions**, upon written notification, will be placed on the waiting list and/or will be given an outside referral. Voicemail is always available should you find the need to cancel.
5. **Court Evaluations/Documentation** -- Fee for a four-hour document preparation is \$200.00. The evaluation fee must be paid prior to the release of the Court Evaluation Report. The fee for a simple one page counseling verification letter to an attorney or court system official is \$10.00.
6. **Court Appearances** -- A flat fee of \$400.00 will be charged each day for clinical court appearances on behalf of the client. A written and signed letter must be obtained from the client and/or its representative at least one week prior to the court date.
7. **Transfer or Release of Records to Outside Agencies or Persons** -- A written, dated, and signed consent form must be obtained from the client or legal guardian prior to the release of the client's file. A service fee of \$10.00 will be charged for records exceeding 5 pages.
8. **Returned Checks** -- Clients are responsible for any bank fees incurred due to returned checks. A bank service fee of \$25.00 per check will be charged to the client.

The financial information I provide is true and complete to the best of my knowledge. I will inform the therapist of any changes to my household that might impact my fee. I agree to pay all charges incurred by me and/or my family members.

\_\_\_\_\_  
*Client Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent or Legal Guardian (if client is under 18 years of age)*

\_\_\_\_\_  
*Date*