



Psychotherapy Reduced Fee Agreement

Psychotherapy involves the exchange of money between therapist and client. Within the context of a healthy therapeutic relationship, financial matters are addressed directly and honestly. This agreement is intended to assist you in negotiating alternative arrangements when your financial resources preclude you from paying the standard fee for your psychotherapy sessions.

Client Name: _____

Reason for Request: _____

Dependents # _____ Gross Annual Household Income*: \$ _____

*Gross household income is the amount that you and anyone with whom you share income and expenses earn before taxes.

1. STANDARD PSYCHOTHERAPY FEE

Individual Psychotherapy 50 min. \$ 120 Group \$45 Initial Assessment/Evaluation \$150

- 2. REDUCED FEE POLICY:** For those without insurance, a variety of circumstances may preclude you from paying the standard or discounted fee** for psychotherapy services. This reduced fee policy was developed to minimize the possibility the financial limitations would become the sole barriers to maintaining a therapeutic relationship. Therefore I, (Robin) have a policy to maintain a regular percentage of my client caseload for reduced fee requests.

Please note: Reduced fees may not, by law, be combined with insurance payments or applied to a co-pay, deductible or out-of-pocket calculation. To seek direct reimbursement through a health insurance policy you must pay the full fee of \$120 per 50 min. session at time of service.

Reduced fees are not available for couples therapy or for appointments after 4pm.

- 3. REVIEW OF REDUCED FEE REQUESTS:** Specific requests for reduced fee therapy will be evaluated based on your need and the percentage of reduced fee positions that are available at the time the request is made.

- 4. CLIENT RESPONSIBILITY FOR REDUCED FEE REQUESTS:** Robin understands that the management of financial resources may be a stressful responsibility for you. Although openly discussing the intricacies of your finances may be unfamiliar, you will be expected to process your request for reduced fee services on the basis of an "honor system" relationship between you and Robin. While Robin will accept your evaluation that your request for reduced fee services is warranted, it is expected that you notify her as soon as you can increase the amount of your payment. As you can make incremental increases in the amount of our payments, other clients who have special financial needs may then be able to benefit from the reduced fee position you have made available.

No-shows or cancellations within less than 24 hours: For the first occurrence you will be billed the reduced scale fee. All subsequent occurrences will be billed at the full session fee of \$120.00 (or agreed upon discount cash rate based on household income**).

Consecutive no-shows or late cancellations: If you fail to show or cancel late on two consecutive occasions without significant cause***, you will no longer be eligible to receive the sliding scale discount. Full payment of \$120 per session (or agreed upon discount cash rate based on household income**) will be expected for future sessions.



5. **WAITING LIST POLICY:** If you are in need of reduced fee therapy but no positions are currently available, you can elect to be placed on a waiting list. As other clients no longer need existing reduced fee positions, they will be made available to clients on a first come first serve basis.
6. **CONFIDENTIALITY:** All standard therapy rules about confidentiality apply to financial matters in the therapeutic relationship. Therefore, no information concerning the details of this reduced-fee agreement will be disclosed to any other individual without your authorization via a written consent. The exception to this rule is when you have made arrangements from third party reimbursement for these therapy services.
7. **EQUAL TREATMENT:** You are entitled to the full benefits of therapy despite this reduced fee financial agreement. Your full and active participation in the therapeutic process is dependent upon your motivation for therapy and not the amount of money you are paying. Therefore, Robin maintains a commitment to protect your equal status with all other clients; likewise, Robin requests that you do not approach therapy as a second-class client simply because are not paying the full fee for therapy services.
8. **Phone consultation & email contact** for purposes other than routine scheduling are charged on a pro-rated basis in increments of 15 minutes. This includes time I may be required to spend, or which a client request me to spend, speaking to legal council, writing letters on behalf of client, and/or testifying in legal matters involving clients.

Agreed-to Reduce Fee Amount:	Individual 50 min.: \$ _____	Individual 75-80 min.: \$ _____
Group: \$ _____	Other: _____	
Re-negotiation Date: _____		
Signed: _____		
Client	Date	Therapist
_____	_____	_____
Date	Date	Date

****Discounted Self-Pay Fee Schedule (different than reduced fee slots).**

For clients paying out-of-pocket and requiring no paperwork, I offer the following discounted fee range based on gross household income, the amount that you and anyone with whom you share income and expenses earn before taxes. Based on regular rate of \$120:

<u>Yearly</u>	<u>Monthly</u>	<u>Fee per 50 min session</u>
Over \$72,000	6,000	\$115
up to \$72,000	6,000	\$110
up to \$60,000	5,000	\$105
up to \$48,000	4,000	\$100
up to \$38,400	3,200	\$95

Longer sessions are charged on a prorated basis.

****"Significant cause" includes major, unforeseen events occurring within 1 business day of the scheduled appointment, such as hospitalizations, house-fires, severe accidents, deaths in the immediate family etc.*