



WAYFIND COUNSELING LLC

Payment Responsibility Agreement

I have discussed responsibility for payment for treatment and I assume financial responsibility for myself and/or my family members. I understand that payment is due at the time services are rendered unless special arrangements have been made. Length of time for individual therapy sessions are 60 minutes for an initial intake consultation and 50 minutes for follow-up sessions.

Because my time has been reserved exclusively for me and/or my family members, I understand that I am required to provide at least 24 hours advance notice if unable to keep the scheduled appointment. In the event that I do not provide 24 hours advance notice, I am financially responsible for the reserved appointment at the standard rates (\$125.00 for Individual therapy, \$40 per session for group therapy). Wayfind Counseling LLC may make exceptions and waive the fee at discretion for emergency or unusual circumstances. There may be a time when your clinician at Wayfind Counseling LLC may need to cancel your appointment for an emergency or illness. She will make every effort to reschedule you in an appropriate time frame.

In order to provide effective treatment, consistency of attendance at scheduled appointments is important. My office policy is that three (3) No Shows or Late Cancellations (less than 24 hours notice) of scheduled appointments may result in a discussion about commitment to treatment. Termination of treatment may be considered so that referrals to other resources better able to accommodate scheduling difficulties can be provided. If therapy is resumed, then a credit card on file we be required and billed at the time of the cancellation or no show for the appointment.

Limited phone support is available during limited hours with prior arrangement due to the limited hours of this practice. Phone calls exceeding 20 minutes will incur a fee based on the following structure unless prior arrangements have been made.

20-30 minutes: \$30, 30-40 minutes: \$40, 40-50 minutes: \$50, 50-60 minutes \$60.

In emergency situations, clients are expected to call 911, or crisis hotlines such as 988 (suicide) or 211 for local Big-Bend support and resources

I understand that other charges may be added to my account for other professional services rendered. This charge will be in increments of 15 minutes and any additional charges will be discussed and an estimation given for the services requested prior to the agreement to provide said services. Other professional services may include consulting with other professionals at your request, participation in court or legal proceedings, preparation of records or treatment summaries, supporting documentation for work or academic accommodations, and the time spend performing any other services you may request.

Additional fees may be waived at the discretion of Wayfind Counseling LLC for clients who are actively receiving clinical services and it is determined that the additional service(s) is an integral part of current treatment needs at the time of the request.

I fully understand and agree to the above policies and conditions. A copy of this agreement is available upon request.

Client Name: _____ Date of birth _____

Client/Parent/Guardian Signature _____ Date: _____