



Sliding Scale Agreement

This Sliding Scale Agreement is made and entered into as of [Date]_____ by and between Marleen Garza, MEd, LPC Associate, BCC, ADS and [Client's Name]_____.

1. Purpose

This Agreement is designed to outline the terms under which the Counselor will offer services to the Client on a sliding scale according to the Client's financial situation. Once the Counselor obtains insurance credentials, the payment structure will shift to utilize their insurance depending on their copay.

2. Sliding Scale Fees

The fee for each counseling session will be determined according to the sliding scale schedule provided below. The Client's specific fee will be based on their reported income and financial circumstances

- Income Range and Corresponding Fees:
- Annual Income up to under \$40,000: \$35 per session
- Annual Income from \$40,001 to \$60,000: \$45 per session
- Annual Income from \$60,001 to \$80,000: \$55 per session
- Annual Income above \$80,001: \$65 per session

3. Financial Information

To determine the appropriate fee within the sliding scale, the Client agrees to provide the Counselor with accurate and up-to-date financial information, including but not limited to:

- Proof of income (e.g., recent pay stubs, tax returns)
- Any other relevant financial documentation

4. Confidentiality

All financial information provided by the Client will be kept confidential and used solely for the purpose of determining the sliding scale fee.

5. Non-Discrimination Policy

Ease Therapy PLLC will base program eligibility on a person's ability to pay and will not discriminate on the basis of age, gender, race, sexual orientation, creed, religion, disability, or national origin.

6. Review and Adjustment

The Counselor may review and adjust the Client's fee periodically or if there are significant changes in the Client's financial situation. The Client will be notified in advance of any changes to the fee.

7. Payment

The Client agrees to pay the agreed-upon sliding scale fee at the time of each session unless other arrangements are made in advance. Payments can be made via [accepted payment methods].

8. Termination

Either party may terminate this Agreement with written notice. Upon termination, the Client will be responsible for paying any outstanding fees for services rendered up to the termination date.

9. Agreement Acknowledgment

By signing below, the Client acknowledges that they have read and understood this Sliding Scale Agreement and agree to the terms outlined herein.

Client Name: _____

Client Signature: _____

Date: _____

Counselor Name:

Marleen Garza, MEd, LPC Associate, BCC, ADS

Supervised by Michelle L Jacinto, MA, LPCS

Counselor Signature: _____

Date: _____