Truhearted Counseling is a cash-pay service and does not currently accept insurance.

I understand that the fee for services with *Truhearted Counseling* will be $\_\_\_\_\_\_\_\_\_\_\_\_\_/session and is payable at the time of each session unless other arrangements are made in advance.

I further understand that I will not be charged for any appointments that are cancelled at least 24 hours in advance. I understand that if appointments are not cancelled at least 24 hours in advance, they are subject to a late cancellation charge of $75.00. I am solely responsible for all these charges, as well as the costs associated with collecting them if necessary.

I agree to notify Truhearted Counseling or my therapist of any substantial changes in my financial situation (e.g., a 20% increase or decrease in income) and understand that the fee may be adjusted accordingly based on my updated financial situation. I further acknowledge that my therapist will periodically review my financial status with me to reassess whether the sliding scale or extreme hardship reduction applies. Moreover, suppose I have been granted a temporary, very low counseling fee. I acknowledge that if I continue to require very low counseling fees when Truhearted reverts to the standard sliding scale fees, a referral to other counselors may be made, and our sessions will end. Continuation of Sliding Scale benefits is not guaranteed and is subject to modification and/or elimination at the sole discretion of the clinician/Truhearted Counseling*.*

**If a client cannot afford the standard sliding scale fees**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client name), can / cannot afford the full fee rate of (enter amount). I, therefore, request that my fee be adjusted. My current monthly income is currently insufficient to cover my monthly expenses and therapy at the rate of (enter amount). This is also true of my total household income if living with a partner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Client printed name Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist printed name Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist signature

Please note that the following conditions apply to reduce fees:

* If you cannot afford the sliding scale, you can arrange for a non-profit organization to help cover some of your therapy costs, and/or we may temporarily adjust the sliding scale.
* Other extenuating circumstances related to the client’s ability to pay (e.g., high medical bills) can be considered when determining a fee.

**Standard Sliding Scale for Therapeutic Services**

Fees are as of \_\_\_\_\_\_\_\_\_\_\_\_\_ (*date*) and are subject to periodic adjustments.

|  |  |  |  |
| --- | --- | --- | --- |
| **Services**  |  |  |  |
| Intake and assessment are included in the session |   |   |  - |
| Individual, couple, or family session  |   | $75.00 – 125.00  |  |
| Extended session (75-80 minutes)  |   | $105.00-160.00  |  |
| Brief session (25-30 minutes)   |   | $40.00-60.00  |  |
| Group therapy session  |   |  $25.00-50.00 |  |
| Other services:  |   | TBD  |  |

\**Sliding fee scale available for all cash clients*

**Sliding Fee Scale**

|  |  |  |  |
| --- | --- | --- | --- |
|  **Annual Income**       |    |   |   |
|  <$20,000 – 50,000 |   | $75.00  | **Request for very low fees**  |
| $50,000 - $80,000  |   | $75.00  |   |
| $80,000 - $100,000  |   | $90.00  |   |
| $100,000 - $125,000  |   | $100.00  |   |
| $125,000 – $150,000  |   | $110.00  |   |
| $150,000 > |   | $125.00  |   |
|   |   |   |   |