

# Statement of Personal Financial Responsibility

## Fees

**Fees are paid at the beginning of each session.** According to our agreement, my fee is \$\_\_\_\_\_ per hour. My fee is based on a 50 minute hour. If counseling sessions differ from the 50 minute hour, the hourly rate is prorated to establish your fee. Appointment times that are shorter or longer than 50 minutes should be arranged in advance.

Occasionally, you may have a session where you want more counseling time. I will alert you if we are likely to run over your scheduled appointment, so that you can make that choice. We will periodically assess the progress of counseling at \_\_\_\_\_ week intervals, or as either one of us recognizes the need to do so. In the event of telephone counseling, my fee will be based on my standard hourly rate.

You may on occasion request my help away from the office (ie. court appearances, home visits, etc.). Additionally, there may be times when you will need assistance with written documents. Because these special services can be very time consuming, we will arrive at a mutually satisfactory fee for each situation.

## Payment

**Payment is expected at time of service.** As payment for your sessions we accept:

- Cash (you are entitled to a receipt at time of service)
- ATM Debit Cards (Visa, Mastercard, Discover logos)
- Major Credit Cards (Visa, Mastercard, American Express, Discover)
- Personal Checks\* - If paying by check, please make out your check in advance so as not to waste your session time. **Checks are made payable to Anthropos Counseling Center.**

\*There will be a \$25.00 service fee charged on the 1<sup>st</sup> returned check, and the check will be turned over to our collection agency. A \$35.00 service fee will be charged on the 2<sup>nd</sup> returned check. A 3<sup>rd</sup> returned check will be charged a \$35.00 fee and will limit your future session payments to cash or credit/debit card only.

\* \* \* \* \*

I have read and understand the Statement of Personal Financial Responsibility.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date