



## **Payment Policy**

I offer two different payment options: A monthly retainer OR per session. **Please indicate your preference by circling the bolded words.**

**Monthly Retainer:** For a cost of \$500 per month, I will be available to you for four 50-minute in person sessions and available to you by phone or email between the hours of 9am-7pm M-Th up to two hours throughout the month (emails and phone calls will be returned same day). I offer four hours of additional research time should your case require it (can include reading pertinent books outside of session, internet/peer reviewed journal research, attending trainings, etc). Additionally, there are no cancelation fees. Payment is expected on the 1<sup>st</sup> of each month by check or cash only.

**Per session:** My rate is \$90.00 per 50-minute session. I offer a sliding scale of \$40 - \$85 per 50-minute session for those experiencing financial difficulty. The \$40 and \$45 slots (as available) are reserved for single parents, students, those with exorbitant debt, and the unemployed. I also reserve one slot for an adolescent (ages 13-19) financing their own therapy at \$20 per session. This financial agreement can be reassessed by either therapist or client at any time. In this therapeutic exchange, it is meaningful to me to honor both your financial position, as well as value my services, experience, education and time. It is necessary that clients respectfully make payment at the time of service and agree to adhere to the following policies and procedures:

Please come prepared to pay by cash or check at the end of each session. Credit/debit cards will also be accepted, and include an additional \$3.00 fee. Refunds are not available. If the credit card is declined, I will assess a \$25 fee. Checks are deposited and cards are run at the end of each work week, typically.

Phone calls and emails are available during crises or other special circumstances. Please allow up to 24 hours for me to return your call or email. The following rates will be charged to your card unless otherwise noted:

Up to 10 minutes = \$10.00

Over 10 minutes = Full session rate (multiplied by the hour)

In the case of less than weekly sessions, the full rate of \$90 is applied.

In the case of legal consulting, emails, phone calls or meetings, the rate is \$150 per 50 minutes including any drive and waiting time.

Third party payments are accepted at a rate of \$150 per 50-minute session.

### **Missed Payments and Cancellations**

For those paying per session, sessions cancelled less than 24 hours in advance will be charged to your card at the full session rate of \$90. In the case of an emergency, a client will not be charged for the first cancellation, but will be for subsequent missed sessions.

If a client is not present 10 minutes into the appointment and has not contacted me, the session is considered missed and the full rate of \$90 will be charged. Clients may still attend late appointments, but if I am not notified within first 10 minutes of absence I may leave the office. For ease, please save my number in your phone, 503-410-3048. In the case of bank processing fees and bounced check fees, the total fee will be charged to the client's credit card in addition to the session fee.

\*Exceptions may be made to certain policies based on financial need, but any exemption or modification must be agreed upon prior to transaction or conducted service.



I have read and understand this policy and agree to its terms. Please note, this form as well as all others will be kept in a locked box.

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### CREDIT CARD INFORMATION

**Credit card number:** \_\_\_\_\_

**Expiration date :** \_\_\_\_\_ / \_\_\_\_\_ (MM/YY)

**CVV Code:** \_\_\_\_\_ (3 digit number on back of card)

**Billing Zip Code:** \_\_\_\_\_

**Email address to receive receipt:** \_\_\_\_\_

**Fee (Amount to be charged):** \$ \_\_\_\_\_

**Name as it appears on the credit card:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, and for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.