

Reduced Fee Agreement

Date:

Name of client:

Service requested: (therapy or consultation?)

Income level of household? (Verification of income may be requested.)

Other financial burdens?

Please note:

- For psychotherapy services, I require weekly attendance to qualify for a reduced fee. If attendance becomes less frequent, we will resume regular therapy rates.
- Therapy clients must also agree that if your financial circumstances change (i.e., insurance benefits change, you or your partner get a raise or a job that enables you to increase the fee), you will let me know so we can resume the regular fee.
- Reduced fees are meant to be temporary. We will review this every 3-6 months.

I agree the information reported in this application is accurate and can be verified upon request. I agree to attend weekly appointments in therapy. I understand I will no longer qualify for the reduced fee rate if I attend less frequently. I also agree to notify my psychologist if my financial circumstances improve.

Name of client

Date