

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fees for Social Anxiety CBT Group**

This is a group treatment program for clients aged 18 and over. Clients will learn to identify and change maladaptive patterns of thinking and behaving related to symptoms of social anxiety, with a specific focus on the central role of *mental imagery*. Therapy will consist of a total of 13 weekly 2-hour group sessions led by senior doctoral students and pre-doctoral residents in clinical psychology. The program is supervised by a registered clinical psychologist.

Listed below is a standard income-based fee scale for psychological services.

* While the recommended rate from the Ontario Psychological Association for group or individual psychological services is $225/hour, as a training site we provide services at a lower cost. Please use the Fee Schedule to determine the fee that applies to you.
* If you are on social services, have no income, or would like to discuss your fees, please speak with the Director of the Centre for Mental Health Research and Treatment at 519-888-4567, ext. 33171.
* Many extended health insurance carriers reimburse fees for psychological services, either wholly or partially. We encourage all clients to please check with their insurance plan to determine if the services provided to you by the CMHRT would be approved for reimbursement.

**Combined Family Income Suggested Weekly**

 **Annual Salary Group Therapy Fee**

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| --- | --- |
| >100K90-99K80-89K70-79K60-69K 50-59K40-49K30-39K≤30K |  $100.0095.0090.0085.0080.0075.0070.0065.0060.00 |

I will pay $ \_\_\_\_\_\_\_ per 2-hour weekly session of treatment. (Please note that this fee may be re-negotiated at a later time if your situation changes.)

Please note the following policy on **missed or cancelled sessions**: We request that you notify the group leaders in advance if you cannot attend a session. You may contact us by emailing us at cmhrt@uwaterloo.ca or by leaving a voicemail message at the Centre at (519) 888-4567, ext. 33842. Given the nature of the group, please try to arrive on time to avoid disruptions caused by joining late.

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