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

uWaterloo_fl_k

**Fees for Individual Therapy**

* We charge fees for both your assessment and for treatment.
* Listed below is a standard income-based fee scale for psychological services.
* While the recommended rate from the Ontario Psychological Association for 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 (CMHRT) 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 Fee**

**Annual Salary**

|  |  |
| --- | --- |
| >120K  110-119K  100-109K  90-99K  80-89K  70-79K  60-69K  50-59K  40-49K  30-39K  ≤30K | $150.00  140.00  130.00  120.00  110.00  100.00  90.00  80.00  70.00  60.00  50.00 |

I will pay $ \_\_\_\_\_\_\_ per 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, late, or cancelled sessions**.

We require that you notify your clinician at least 24 hours in advance if you cannot make a session. You may leave a voicemail message at the Centre to notify us that you cannot make a session at (519) 888-4567, ext. 33842 or at cmhrt@uwaterloo.ca. You will be charged for sessions that are missed without giving such notice, barring (of course) emergencies and sudden illness. If you arrive more than 20 minutes late for a session, the clinician will be unable to provide you with any service as this does not leave enough time.

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