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

uWaterloo_fl_k

**Fees for Group Therapy**

* We charge fees for your 2-hour weekly group therapy sessions.
* 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 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 CMHR would be approved for reimbursement.

**Combined Family Income Suggested Weekly**

**Annual Salary Group Therapy Fee**

|  |  |
| --- | --- |
| >100K  90-99K  80-89K  70-79K  60-69K  50-59K  40-49K  30-39K  ≤30K | $100.00  95.00  90.00  85.00  80.00  75.00  70.00  65.00  60.00 |

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, 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. 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_