

PAYMENT AGREEMENT

CARO CLOUTIER RP

In accordance with the College of Registered Psychotherapist of Ontario (CRPO), please carefully review the following information and sign your understanding and consent on the second page before services can be provided.

- I understand that Caro's regular fee is \$_____ (not including HST) per 55-minute individual session, and additional fee will be charged for at home visits or any other displacement. The fee is collected at the start or end of each session by cash, cheque, or e-transfer (if sent via online banking prior to session or at the beginning of session). As well, credit card payment via PayPal is acceptable with the understanding you will need to pay an additional fee of 2.9% + \$0.30 CAD per transaction.

- I understand that Caro may adjust/revise her fees and payment agreement no more than once per calendar year. At least 30 days notice will be provided whereby service terms can be discussed.

- I understand that fees are paid directly to Caro and that she does not bill directly to any insurance or benefit providers.

- I understand that if I am choosing to submit my receipts to an insurance or benefits provider that it is my responsibility to submit this paperwork, and that Caro is not responsible for any fees that are not accepted through your policy.

- I understand that Caro has a **24 hour cancellation policy. Cancellations need to be made by phone or email** at least 24 hours before the appointment. A cancellation fee of the full amount of a session, \$_____ +HST may be charged for all missed appointments or cancellations with less than 24-hours notice including illness or emergency. While a cancellation may be no fault of your own, a full fee is required if less than 24 hours notice is given for cancellation. An invoice will be mailed or emailed directly to all clients who do not show up for, or cancel an appointment without sufficient notice.

- I understand that Caro will pursue the use of collection agencies or legal measures for nonpayment.

Please indicate below your preferred choice or choices of payment and sign and date this form so that our records accurately reflect your agreement to pay the specified fee. In return for services rendered:

I hereby agree to pay the fee of \$_____ + HST per 55-min. individual session (in-person and phone/online), and \$70.00 per 25-min. brief check-in.

My preferred choice is _____ or _____.

I, _____ understand the above information (please print name)

regarding fees for service and under these guidelines, consent to engage in services with Caro Cloutier.

Signature of Client Date (DD/MM/YYYY)

Signature of Client's Parent/Guardian Date (DD/MM/YYYY) (if client under 18 years old)

Signature of Witness (Therapist) Date (DD/MM/YYYY) (one copy for file; one for client)