CBT Center of Idaho

Agreement to Pay for Professional Services

I request that the counselor, Susan D OldenKamp, provide professional services to

□ myself _____,

□ and/orto _____, who is my _____,

and **I agree to pay this counselor's fees as detailed on the back of this form**. Any change in the fee schedule will be provided to me in writing. Consistent attendance is crucial for me, my child, or other family members to achieve therapeutic goals and objectives and for the counselor and client(s) to develop and maintain a positive and beneficial therapeutic relationship to help promote growth and change. CBT Center of Idaho will send reminders, but it is ultimately my responsibility to attend my scheduled appointments. I will provide twenty-four (24) hours notice if I will not be able to attend my appointment. Any scheduled appointment not cancelled 24 hours in advance will result in a $110 LATE CANCELATION/NO SHOW FEE. If I cancel two (2) appointments, or fail to attend consistently, other options will be explored or services discontinued.

I agree that this financial relationship with this counselor will continue as long as the counselor provides services or until I inform the CBT Center of Idaho, in person or by certified mail, that I wish to end it. I agree to meet with this counselor at least once before stopping therapy. I agree to pay for services provided to me (or this client) up until the time I end the relationship.

I agree that I am responsible for the charges for services provided by this counselor to me (or this client), although other persons or insurance companies may make payments on my (or this client's) account.

_____ _____

Signature of client (or person acting for client) Date

I, the counselor, have discussed the issues above with the client (and/or the person acting for the client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

_____ _____

Signature of counselor Date

❑ Copy accepted by client
❑ Copy kept by counselor

CBT Center of Idaho

Fee Schedule for Standard Sessions

Psychiatric Diagnostic Evaluation/Initial Session: $180
60 Minute Psychotherapy Session: $150
45 Minute Psychotherapy Session: $110
30 Minute Psychotherapy Session: $90
Family Psychotherapy Session (Without client present): $130
Family Psychotherapy Session (With Client present): $150
Group Session: $50
60 Minute Crisis Psychotherapy Session: $200
Each additional 30 minutes: $80
Written Documentation: $40/15 minutes
Court Fees: $200/hour with a 2 hour minimum

If paying entire fee with cash at the time of service (with no insurance) a 20% discount will be given.

Late Cancelation/No Show: $110