Name

Address 1

Address 2

Phone

Email

**ADDENDUM TO OUTPATIENT SERVICES CONTRACT: DISCOUNTED RATE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am requesting that my fee be adjusted. I certify that I have estimated my total household expenses and my current total household income is currently insufficient to cover my monthly expenses and therapy at the rate of $XXX per session.

Therefore, I understand that the fee for services with XXXXX will be $\_\_\_\_\_\_\_ per session and is payable at the time of each session (unless other arrangements are made in advance).

* I understand that I will not be charged for any appointments that are cancelled at least 24 hours in advance.
* I understand that appointments not cancelled at least 24 hours in advance are subject to a “Late Cancellation” or “No Show” charge of my contracted rate above.
* I understand that other professional services are subject to a charge of my contracted rate above. Other services included report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of records or treatment summaries, and the time spent performing any other service you may request of me. XXXXX will break down the hourly cost if she works for periods of less than one hour.
* I understand that I am solely responsible for all these charges as they apply, as well as the costs associated with collecting these charges.
* I understand that this is only for once per week therapy. Reduced rates do not apply for sessions scheduled less frequently than once per week, on additional sessions that occur within the same week, or sessions longer in duration than the standard 50-55 minutes.

I understand that if I become involved in legal proceedings that require XXXXX’s participation, I will be expected to pay even if XXXXX is called to testify by another party. I understand that due to the complex nature of legal proceedings, XXXXX does not offer a reduced rate and charges $250 per hour for preparation and attendance at any legal proceeding.

I agree to notify XXXXX of any substantive changes in my financial situation (e.g., 10% increase or decrease in income) within 30 days of the change, and understand the fee may change according to my updated financial situation. I further acknowledge that XXXXX will periodically verbally review my financial status with me, approximately every 10-12 consecutive weeks, in order to reassess eligibility. A continuance of Reduced Rate benefits is not guaranteed and is subject to modification and/or elimination at the sole discretion of XXXXX.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client or responsible party signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician signature Date