



Lyn Firth RPC, CCPCPr
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Payment agreement

Appointments

Sessions are 60 minutes long; this includes time for payment and for booking other appointments. Appointments can be booked 24 hours a day either online, by phone or by email.

- I understand that I can contact the counselor to make, change or cancel an appointment 24 hours a day by emailing info@lynfirthcounselling.com or calling 604-809-7438.
- If you are in an emergency situation, please call 911

Fees

Fees must be paid in full at the beginning of each appointment unless alternate third party payment arrangements have been made in advance. The fee covers the counselling session as well as preparation time and record keeping.

- I agree to pay \$115.00 for a 60-minute in-person session or \$105.00 for a telephone or online session.
- Payment can be made in person by cash or personal cheque, or online by visa, mastercard or American Express.
- There is a \$25.00 charge for NSF cheques.

Payment by third parties

If a third party is paying the counsellor for the services provided me by the counsellor,

- I agree to facilitate that direct payment to the counsellor.
- I understand that should the third party not pay the full cost of the counselling services provided, I will be responsible for those additional costs.

Receipts

A receipt will be issued upon payment. I understand that if a third party is paying for the services, the receipt will be issued to the third party.

Cancellations and No Shows (missed appointment)

Your appointment time is reserved specially for you, which means that others are required to wait to access counselling services. Therefore:

- I agree to provide 24 hours cancellation notice or a no-show fee equivalent to the full session amount will be charged (except in the case of an emergency).
- Appointments can be cancelled by email or phone as previously listed.

Late arrivals

- I understand that if I am late arriving to the counsellors office and attend only a portion of the scheduled appointment, I am responsible to pay the full appointment fee.
- 20 minutes late for my scheduled appointment will be considered to have missed an appointment and a no-show fee equivalent to the full session amount will be charged (except in the case of an emergency).

Health Plan reimbursements

- I agree that I am responsible for confirming the coverage of, and for seeking reimbursement for the cost of counselling services from my insurance provider.
- I understand that should my health plan not reimburse me for the full cost of the counselling services that I have paid to the counsellor, I remain responsible for those additional costs and the counsellor will not refund me the difference.

Additional Fees

- Photocopying of Records .25
- Filling out forms, letters, and reports. \$100.00 per hour

Final Note:

If you are in an emergency situation, please call 911

I have read and understood the above information. I agree to abide by its terms. I understand and give my consent to receive services from the counsellor.

Name (client) _____

Signature _____ Date _____

Name (counselor) _____

Signature _____ Date _____