

Lyn Firth

Registered Professional Counsellor

Lyn Firth RPC, MPCC, CCPCPr
Suite 915 - 1125 Howe St. Vancouver BC V6Z 2K8
P: 604-809-7438 E: lyn@lynfirthcounselling.ca
www.lynfirthcounselling.ca

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 counsellor to make, change or cancel an appointment 24 hour a day by emailing lyn@lynfirthcounselling.ca 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. The fee covers the counselling session as well as preparation time and record keeping.

- I agree to pay \$110.00 + 5% GST for a 60-minute in-person, telephone or online session unless otherwise discussed.
- Payment can be made in person by cash, personal cheque or credit card or through my website.
- There is a \$25.00 charge for NSF cheque.

Payment by third parties

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

- I agree to facilitate that direct payment.
- 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 to cancel or reschedule my appointment.
- Appointments can be cancelled by email or phone as previously listed.
- If I miss my scheduled appointment a no-show fee equivalent to the full session amount will be charged (except in the case of an emergency).

Late arrivals

- I understand that if I am late arriving and attend only a portion of the scheduled appointment, I am responsible to pay the full appointment fee.

Health Plan reimbursements

- I am responsible for confirming the coverage of, and for seeking reimbursement for the cost of counselling services from my insurance provider.

Additional Fees

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

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 _____