

# Lyn Firth

Registered Professional Counsellor

Lyn Firth RPC, MPCC, 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 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 \_\_\_\_\_