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FINANCIAL CONTRACT FOR SELF-PAY

Standard Therapy Fees - I understand that I will be held financially responsible for payment of services rendered. I understand that if I default on this contract I could be held responsible for all costs that may incur during an attempt to collect the unpaid portion of this agreement.

The normal fee for a 50-minute session is \$150. I charge for psychotherapy services on a negotiated sliding scale for persons paying for their own therapy. The scale is \$50 an hour to \$100 an hour based on annual income.

I also understand that I am expected to pay for the services at the time I receive such services unless other arrangements are made with my therapist. _____ **initial**

Missed or Cancelled Appointment Fees - All appointments need to be cancelled by 3 PM the previous day (or 3 PM on Friday for a Monday appointment), to avoid charges for a “no show” or “late cancelation”. I understand that I will be charged \$50 for any missed or cancelled appointments (emergencies, illness, or poor weather conditions can and will be negotiated with therapist and fees incurred will be left to her final discretion):

_____ **initial**

Please note that I am not a crisis therapist. If you have an emergency during the hours of 6:00 PM and 10:00 AM Monday through Thursday or on Friday, Saturday or Sunday then you will need to call the police (911), or go to your closest emergency room.

Therapist Rights – I understand that the therapist has the right to cancel appointments for any reason (including illness, emergencies, or poor weather). _____ **initial**

Client

Date

Client Parent/Guardian

Date

Therapist

Date