



Family • Child • Individual

Confidential

Stratton Counseling Services Client Financial Agreement for Services Rendered by a Marriage & Family Therapist Intern

The client understands and agrees to the following applicable fee schedule, services covered, and general terms of this agreement:

- Service fees are based on an hourly-unit (45-50 minutes constitutes a one-hour unit) and are non-refundable. Services are provided by appointment only. Your scheduled appointment time is reserved specifically for you. While one hour is typically scheduled for an appointment, you will only be seen for 45-50 minutes. The remainder of the time is used to maintain a clinical record. Checks can be made payable to "Stratton Counseling Services" or "SCS".
- Program fees for the self-pay client are on a sliding scale dependent upon the client's ability to pay according to income level. The client's income level may be reviewed periodically and fees changed at the discretion of management. Written forms of documentation may be required for verification purposes. This may include, but is not limited to, copies of paychecks, verification of employment, and other forms of income tracking.
- Appointments canceled with less than 24 hours notice will be charged at 50% of regular agreed upon fee. Appointments cannot be cancelled by email or text. If you cannot keep your appointment, you may be able to reschedule by telephone within the same week. Telephone calls will be returned within two working days, otherwise call again to ensure that the phone system is working properly. Telephone consultations that last more than ten minutes will be billed for the time. Routine scheduling or information calls will not be billed. In case of an emergency, please call your medical doctor or go to the emergency room.
- Charges for other services, such as hospital visits, consultations with other therapists, home visits, or any court-related services will be based on the time involved in providing the service at the regular fee schedule.
- You have the right to terminate services at any time. It is recommended that termination be discussed at least one session in advance. The clinician reserves the right to terminate the clinical relationship if client goals conflict with his/her best professional judgment.

The following fee levels apply to this agreement:

Fees for Intern Marriage and Family Therapist

<u>Income level (gross)</u>	<u>Intern MFT</u>	<u>Intern MFT</u>	<u>Income level (gross)</u>
Total Weekly (Pre-Taxes) Household Income	Regular Session (45-50 min)	Initial Intake (90-120 minutes)	Total Annual (Pre-Taxes) Household Income
\$1,801 +	\$85	\$95	\$90,001 +
\$1,601 - \$1,800	\$80	\$90	\$80,001 - \$90,000
\$1,401 - \$1,600	\$75	\$85	\$70,001 - \$80,000
\$1,251 - \$1,400	\$70	\$80	\$62,501 - \$70,000
\$1,101 - \$1,250	\$65	\$75	\$55,001 - \$62,500
\$951 - \$1,100	\$60	\$70	\$47,501 - \$55,000
\$801 - \$950	\$55	\$65	\$40,001 - \$47,500
\$701 - \$800	\$50	\$60	\$35,001 - \$40,000
\$601 - \$700	\$45	\$55	\$30,001 - \$35,000
\$501 - \$600	\$40	\$50	\$25,001 - \$30,000
\$401 - \$500	\$35	\$45	\$20,001 - \$25,000
\$301 - \$400	\$30	\$40	\$15,001 - \$20,000
\$0 - \$300	\$25	\$35	\$0 - \$15,000

Terms: Remitted in Advance of Service Rendered.

Acknowledgments: The foregoing is understood and agreed.

Client Signature/ Date

Stratton Counseling Services (831) 216-8249
 Therapy offices: 1414 Soquel Ave., Suite 220-224, Santa Cruz, CA 95062
 Administrative office: 707 Fair Ave., Santa Cruz, CA 95060

Staff Witness/ Date

office@strattoncounseling.org

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