

COUPLE & FAMILY INSTITUTE OF TRI-CITIES

8121 W. Quinault Ave, Suite F202 Kennewick, WA 99336
OFFICE POLICIES/FINANCIAL AGREEMENT

Please read carefully!

Special Accommodations: We are happy to provide reasonable accommodations to persons with disabilities. Please let us know in advance what you need.

Hours: Business hours are by appointment. Office hours are part-time and differ during the week, if you do not reach our Office Administrators, please leave a message and your call will be returned within 48 hours.

Cancellation Policy: We require to be notified by 10am 2 days prior to your session time. If we are not notified we will assess a fee. The first occurrence will be charged \$50 for late/no notice of cancellation/rescheduling. Any additional occurrences will be charged at the full session rate.

Waiting Room: Our waiting room area is modest. Please DO NOT bring young children under the age of 10 with you to your appointment. Couple and Family Institute of Tri-Cities cannot provide supervision for them to remain in the waiting area and, with the exception of family therapy, the topics at your appointment are inappropriate for their participation or observation.

Financial Policy: This disclosure constitutes an agreement between the individual receiving service, their guarantor, and the therapist.

Payments: Payment for each session is due, in full, on the date of the session. If accommodations need to be made, please discuss them with your therapist. If payment is not collected at time of service, our Office Administrator will contact you for payment.

Returned Checks: There is a fee (currently \$35, subject to change without notice) for any checks returned by the bank. If your check is returned to us on more than one occasion, we will require payment in cash for services rendered.

Co-Signature: If this, or another, Financial Policy is signed by another person, that co-signature remains in effect until canceled in writing. If written cancellation is received, it becomes effective with any subsequent charges.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect. Refusal to sign this agreement will result in denial of services.

Current Fee for services with Student Intern:

Initial Evaluation	50-60 minute session	100.00
Additional Sessions	50-60 minute sessions	\$75.00

Extra session time pro-rated at \$75 per hour

Current Fee for services provided by practicum students:
\$30-\$50--based on financial need per agreement with office manager.

No Show/Late Cancellation (No later than 10am 2 days prior to session time)

First Time: \$50

Any additional: Full Fee for missed sessions.

A deposit of \$50.00 may be collected when you reserved your first appointment time. That deposit will be applied to the fee for your first session, and will be forfeited if you do not cancel the appointment no later than 10am 2 days prior to scheduled time.

I have read the Office Policies and Financial Agreement and have been offered a copy of this agreement. I understand that by my signature below I am consenting to all of the terms of these Office Policies and the Financial Agreement. Failure on my part to read the document does not constitute a release from any of the obligations set forth in this agreement

By executing this agreement, you are agreeing to pay for all services that are received.

Financially Responsible Individual

DATE

Financially Responsible Individual

DATE

Client Name : _____ **Date:** _____ **Initial** _____