

Selin E. Caka, MA, LMFTA

Statement of Personal Financial Responsibility

It is important that we share the same understanding of fee arrangements for therapy. I encourage you to read the following points and ask any questions you may have.

FEES

- My fees are \$80 per 50-minute individual session. If we arrange a longer session the hourly rate is prorated to determine your fee.
- In the event of telephone counseling or phone contact that extends beyond 15 minutes, my fee is based on the standard hourly rate.
- If you have qualified for a sliding scale fee slot, we have agreed upon a fee of _____ per session. This fee is subject to reevaluation at such time as your financial situation changes.

PAYMENT

- Payment is due at the time of service unless other arrangements have been made.
- Fees are paid at the end of each session.
- I accept cash or personal checks as payment.

If at any time you have concerns or questions about payment and fees I encourage you to discuss them with me.

I have read and understand this Statement of Personal Financial Responsibility and I have discussed any questions or points of concern.

Client Name (please print)

Date

Client / Legal Authorized Representative Signature

Relationship to Client

Selin Caka, MA, LMFTA

Date