

Open Path Client Financial Agreement

Please Initial Each Line:

___ You agree to obtain an Open Path Membership and will provide documentation of your Open Path Member ID prior to the first session. If you are new to Open Path, complete the following if you have not already: <http://openpathcollective.org/client/registration/>. Be sure to pay the one-time \$59 membership fee in addition to submitting your registration form. Provide your Open Path Member ID: _____

___ We have made an agreement to an adjusted Open Path Membership rate of \$_____/hour. This arrangement will be revisited every 3 months to determine if financial assistance is still needed and/or if the therapist is still able to continue this arrangement.

___ Unless other arrangements have been made in advance, if you miss or do not schedule appointments for three consecutive weeks without any communication, for legal and ethical reasons, I must consider the professional relationship discontinued. I may then offer the Open Path spot to another individual in need. If you wish to resume services, I may or may not have a spot available at the previously established rate, so we would be creating a new arrangement.

___ Any phone conversation over 10 minutes will be charged at a prorated fee based on \$75/hour.

___ Cancellations are required 48 hours in advance. Any appointments scheduled but not kept, as well as any appointments cancelled within 48 hours of scheduled time will be **charged your full rate fee** since that is the minimum on my regular sliding scale fee. We ask that you give at least 24 hours' notice if you need to cancel or reschedule your appointment due to your (or your child's) illness. If you have a contagious illness (or if your child has a contagious illness and you are not able to find child care), we ask that you do not come to your appointment. Video conferencing through a HIPAA-compliant platform is available if you are not able to come to the office.

By signing this agreement, I am confirming that the above information is complete and correct. I agree to update any information regarding the above account.

SPECIAL ARRANGEMENTS AND ADJUSTED AGREEMENTS:

Print Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____