# SLIDING SCALE AGREEMENT

In an effort to provide psychotherapy during economic hardship, **YOUR PRACTICE NAME** offers a sliding scale option to the normal fee schedule. The sliding scale program is reserved for those in significant financial hardship.

I understand that **YOUR PRACTICE NAME** charges the following fees for a XX-minute session/initial consultation is $\_\_\_\_\_\_ and follow-up XX-minute sessions are $\_\_\_\_\_\_.

I agree to a reduced fee of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per visit/week/month/other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that this reduced rate is good for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and will expire on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Upon expiration, I may renegotiate a rate for services based on my financial status and availability at **YOUR PRACTICE NAME**.

The reduced rate option is contingent upon my financial hardship and the fee agreement will become null and void should my financial status improve. I agree to notify **YOUR PRACTICE NAME** immediately should my financial status change so that a new agreement can be reached.

My signature indicates that I have reviewed and understand the terms and conditions of the Sliding Scale Program.

Client’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinician’s Signature & Credentials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_