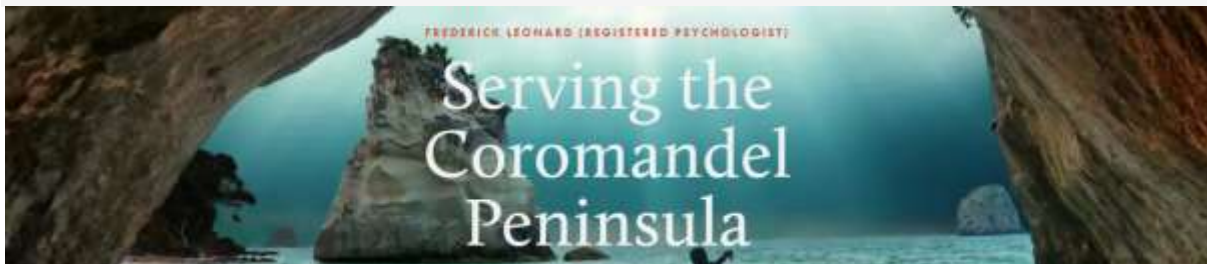


WHITIANGA PSYCHOLOGY



Intervention Support Payment Responsibility & Agreement

Name of the supported person: _____

Please read and initial each below:

I have discussed responsibility for payment for psychological support and I assume financial responsibility for myself and/or my family members. I understand that payment is due at the time service. Length of time for intervention sessions are 1 hour for an initial consultation and 45 to 60 minutes for follow-up sessions. **Initial:** _____

Because an appointment has been reserved solely for me and/or my family member/s, I understand that I am required to provide at least 24 hours' notice in advance if I'm unable to attend the scheduled appointment. I will send a txt message to Frederick at 021 294 1968. In the unlikely event that I (Frederick) need to cancel your appointment for an emergency, I will reschedule to a negotiated time. **Initial:** _____

In order to provide effective psychological support, scheduled appointments need to be attended consistently. Whitianga Psychology policy is that two 'no-shows' or late cancellations (less than 24 hours' notice) may result in conclusion of intervention support or of scheduled assessments. If intervention or assessment is restarted, advance payment will be required. **Initial:** _____

I understand that there are additional charges for other professional services rendered. I (Frederick) will discuss additional charges with you first. Other professional services include consulting with other professionals (with your permission) in person or via telephone/email, and time spent performing any other service you may request. **Initial:** _____

I understand and agree to the above policies and conditions. A copy of this agreement is available upon request.

Parent/Caregiver/Referrer Signature: _____ Date: _____