

A MEASURE OF HEALTH:
THERAPY, CONSULTATION, AND EDUCATIONAL SERVICES

STEPHANIE GREIVE, BSW, MSW ,RCSW
(BCCSW REGISTRATION # 5276)

FEES AGREEMENT

Dear Client

As a Registered Clinical Social Worker, in keeping with the Ethics and Standards of Practice of my profession, I provide service payment options on a sliding scale.

For direct pay service it is the client's responsibility to determine what their financial resources will support and to determine where they see themselves within that scale. (See fee schedule)

EFAP/EXTENDED HEALTH

It is the client's responsibility to determine whether their particular EFAP or Extended Health Benefits will cover service provided by a Registered Clinical Social Worker (* as some insurance benefits may only cover Registered Psychologists for example, while others may include Registered Clinical Social Workers).

VICTIM/WITNESS ASSISTANCE

If you have been a victim or witness of a crime that has been reported to police, and you are seeking support/treatment due to the reported incident, you may be eligible for coverage for service under the Victim/Witness program. I am a registered therapist with that program.

The client is responsible for any fees not covered under these various programs.

I (name: please print)_____ have read the above and been provided with a fee schedule and information regarding services, payment options, and expectations. I understand that payment is due at the time of service and that a receipt is provided for all payments.

I agree to pay \$ _____ /hour for the services provided as discussed with my therapist.

I will pay by (check one)

- Cash
- Personalized Cheque
- Money Order

Payment is due at the time service is provided (invoice and receipt provided)

Name: _____ (please print)

Signature: _____

Date: _____

Clinician's Signature: _____