

# CHERYL M. BRADSHAW, RP

## Counselling, Psychotherapy, and Life Coaching

### Information and Consent of Fees for Service Policies

Currently, private psychotherapy/ counselling/ life coaching are fee-for-service resources in Ontario. Please carefully review the following information and sign your understanding and consent at the bottom of the page before services can be provided.

- I understand that Cheryl M. Bradshaw's fees are \$194.69 + HST (= \$220) per session that are collected at the end of each session by cash, cheque, or credit (credit has a 3% service charge). E-transfers can be arranged if sent before the session begins, ask Cheryl for the preferred password.
- I understand that sessions are 50 minutes in length, booked for an hour time slot, with time either in the first 10 minutes or the last 10 minutes for scheduling and rebooking of clients.
- Sessions may be booked for 2 hour (100 minutes), at the cost of the regular hourly rate per hour.
- I understand that if I am choosing to submit my receipts to insurance or a benefit provider (e.g. Sunlife, Greenshield, etc) that it is my responsibility to submit this paperwork, and that Cheryl M. Bradshaw is **not responsible** for any fees that are not accepted through a benefits program.
- I understand that fees are paid directly to Cheryl and that she does not bill directly to any insurance or benefit programs.
- If extra services are required that take longer than 15 minutes to complete (i.e. receipt records for lost receipts, some letters and external communications, phone call consultations), a fee for equivalent hourly time will be applied.
- I understand that Cheryl has a **24 hour cancellation policy** for appointments, and if an appointment is cancelled outside of this 24 hour window, that a full charge for the session applies. This charge can be sent by e-transfer or arranged to be paid at the time of the next appointment. I understand that **this includes** forgetting appointments and/or accidentally writing down the wrong date for the appointment.

I, \_\_\_\_\_ understand the above information

(please print name)

**regarding fees for service and under these guidelines, consent to engage in psychotherapy/ counselling/ life coaching services with Cheryl M. Bradshaw with this understanding.**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counsellor's Signature