



Access Payment Program

- A program for FOCUS¹³ patients -

Informed Consent (2019)

Please initial each point on line provided indicating your understanding.

1. _____ For many reasons, therapy does not benefit everyone. It is important to be aware that you may find therapy unsatisfying, unproductive, and/or very challenging and thus consider ending your therapy prematurely. This is important! It is important that you include this possibility when considering each purchase; because each purchase is *final and non-refundable*. But the good news is that most find that therapy adds value to their life.
2. _____ The payment program fees are due every four weeks (not monthly). Payments are not on a monthly cycle. They are due every four weeks. If you wish to have a reminder payment schedule, please ask.
3. _____ Purchasing this payment program provides four consecutive weeks of therapy access – individual and/or group therapy.
 - a. _____ Access to therapy includes individual therapy sessions, as needed. *(Scheduling individual therapy sessions is a collaborative agreement between patient and therapist – both therapist and patient are not obligated by the program to schedule or attend weekly sessions. Scheduling sessions is based solely on patient need and counselor availability. May include multiply weekly sessions based on the need of the patient.)*
 - b. _____ Access to therapy includes weekly group therapy sessions.
4. _____ Purchases are due every 5th week – refer to schedule.
5. _____ Each purchase expires at the fourth business week (Monday through Thursday).
6. _____ Access to therapy status continues even if scheduled individual and group sessions are not attended. Group sessions are always considered scheduled. In other words, if scheduled sessions are not attended during a particular business week(s) of access, that business week(s) will count – be considered scheduled. Patients may request a given business week(s) during their four business weeks of access to not be scheduled (e.g. vacations). Such requests must be made prior to the particular business week(s) and 24 hours prior to particular scheduled session.
7. _____ If CdA Counseling, Inc. office is closed during an entire or part of a scheduled business week to which you are not able to attend *any scheduled* sessions (group or individual), that week will not count as a scheduled business week.
8. _____ This payment program does not expire.
9. _____ If a payment is not made, all scheduled therapy sessions will be charged the current standard therapy session rate.
 - a. _____ Current Focus Individual Therapy session rate is **\$189.00** per session (*75-minute session*).
 - b. _____ Current Focus Group therapy monthly seat fee is **\$259.00** per month.
10. _____ To purchase, cash, check, or credit card (MasterCard, VISA, AMEX only) is accepted. Insurance as payment is not accepted.

PAYMENT SCHEDULE

Payment Week	Amount
1 st	\$759.00
5 th	\$709.00
9 th	\$659.00
13 th	\$609.00
17 th	\$559.00
21 st	\$509.00
25 th	\$459.00
29 th	\$409.00
33 rd	\$359.00
37 th	\$309.00
Successive 5 th week	\$259.00

Patient name (please print):	Signature & Date:
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My signature indicates my acceptance to the terms and conditions of this payment program.

Original copy kept in patient file
Copy provided to patient