

Bruce M. Small, M.Ed., Registered Psychotherapist

Toronto office: 21 Carlton St., Unit 3407, (Buzzer 2638), Toronto Ontario Canada M5B 1L3
Tel: (416)-598-4888 Cell/Txt: (416)-274-1628 Email: bruce@envirodesic.com
Website: http://www.brucesmall.com CRPO Registration #003472

Fee Schedule

Standard Rate (for clients initiated after Registration with CRPO as Registered Psychotherapist)

per client-hour†: \$150 plus HST@13% = \$169.50

Payments: All fees shall be paid by cash or by cheque prior to the end of each session. Overdue accounts shall be assessed interest at a rate of 1% per month on the fee balance outstanding. Non-payment of fees for two consecutive sessions will be grounds for termination and referral.

Insurance: All payments are due from the client directly, and the client shall make any claims to health or other insurance for reimbursement if covered. Fees are identical whether insured or uninsured.

Initial sessions: The first session for every client is complimentary. Its purpose is to complete informed consent and communications paperwork, to disclose and agree fees, to discuss any questions the client may have about the therapist or the therapy, to disclose to the therapist the nature of the client's goals for therapy or issues to be discussed, and to offer the client a sample of the approaches that the therapist uses, so that the client can assess whether he or she would like to continue a course of therapy.

†Length of sessions: A client-hour as defined by CRPO is nominally 50 minutes. The therapist may offer to extend a session up to 1 1/2 hours, but without a change in fee. The client may elect to end a session at any time, but without a change in fee. Brief calls or emails between sessions are no charge.

Hardship: A lesser fee can be proposed in the case of temporary or permanent financial hardship, using the form below. For example, being a student, losing a job, being on low fixed income because of disability, social benefits or retirement, or other reason. Full standard fees will resume post-hardship.

Nature of hardship (briefly): _____
Proposed Fee per client hour: _____ Adjusted fee offered by therapist: _____ Therapist Initial _____

Pro Bono Program: This therapist also has a “pro bono” program whereby a limited number of select clients with unusual circumstances can be taken on for a specific period without charge.

Pro Bono offered _____ Re-evaluation date _____ Therapist Signature _____

Consent to Fee:

Client name: _____

I agree to pay the standard or adjusted fee for therapeutic services that is circled above, or I accept the pro bono offer from this therapist.

client signature

date