

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

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**Fee Schedule**

<u>Standard Rate</u>	per client-hour†:	\$150 plus HST@13% = \$169.50
<u>Couple's Rate</u>	per client-hour† together:	\$200 plus HST@13% = \$226.00
	per client-hour† individually:	\$150 plus HST@13% = \$169.50

Payments: All fees shall be paid by cash or cheque at the time of each session or by email transfer or PayPal within two days thereafter. 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 unless otherwise negotiated.

Insurance and Receipt: 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. Client will be provided shortly after payment with an official receipt in electronic form suitable for claiming insurance and for income tax purposes.

Initial sessions: The first session for every client is complimentary. Its purpose is to complete informed consent and communications paperwork, to disclose 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. This therapist may offer to extend a session up to 1 1/4 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, texts or emails between sessions are free.

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 very limited number of select clients with unusual circumstances, including multiple oppressions, 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