**Fee Agreement**

I, , agree to pay the following fee for the following services at the Baylor Psychology Clinic:

per psychotherapy session,

for psychological assessment/testing,

for services described below.

**No Shows/Cancellations**

For all appointments following an initial appointment during which a fee is set, a patient who does not keep a scheduled appointment and does not provide advance notice (24 hours preferable) that they will be unable to keep their scheduled appointment will be charged a fee for that session. For therapy appointments, a fee for the missed session(s) will be charged. For assessment appointments, a fee of $25 will be charged. Under unusual circumstances, and with the approval of the Clinical Supervisor, this charge may be waived. Repeated no-shows or cancellations by a client will be discussed with the Clinical Supervisor and with the client.

Further description, notes, limitations, clarifications.

This agreement commences on .

Signature of client or responsible party Date

Clinical Psychology Trainee Date