

**Fee Schedule**

<b>Intake Session</b> _____	Individual: \$160 per session (70-80 minutes) Couples: \$170 per session (70-80 minutes)
<b>Individual Therapy</b> _____	\$125 per session (45-50 minutes) *
<b>Couples Therapy</b> _____	\$150 per session (45-50 minutes – 80 minute sessions are recommended @ \$225). *
<b>Telephone Counseling</b> _____	\$75 per session (45-50 minutes) – you call me at the specified appointment time. The fee must be paid in advance.
<b>Internet Counseling</b> _____	\$75 for three email exchanges. The fee must be paid in advance.
<b>Web-Cam Counseling</b> _____	\$75 per session (45-50 minutes) The fee must be paid in advance.
<b>Group Therapy</b> _____	\$35 per 90 minute group session, or \$40 per 120 minute group session. Paid monthly in advance.
<b>Assessment</b> _____	\$150 per hour (including clinical interviews, collateral interviews, document review, psychological testing, report writing, and transportation (if required) Assessment components are determined on a case by case basis, they may, or may not, include additional fees for polygraph or phallometric examinations as part of the assessment.
<b>Polygraph Examinations</b> _____	\$350 for single issue exams. \$500 for two issue exams (\$400 for my current clients that prove to be non-deceptive). \$500 - \$600 for full sexual history or fidelity testing. \$500 for sex offender exams (maintenance or monitoring). \$300 for subsequent exams as needed (mine or other therapist's clients only).
<b>Phallometric Testing</b> _____	\$600 per exam session

\* Note: Individual or Couple sessions extending beyond the reserved appointment time, or any telephone consultations over 10 minutes, will be charged on a pro-rated basis for the additional time.

Fees are generally paid prior to, or at the time of, each session; while online credit card payments must always be made at least one day in advance (credit cards are not accepted in the office at this time). Please bring up and discuss any fee concerns with me as they occur and especially prior to your session.

The charge for a returned check is \$25.00. You understand that you are responsible for all fees, regardless of whether your insurance covers the services provided or whether the insurance check is sent to you directly. In the event of failure to pay for professional services, you agree to pay for the costs of collection and reasonable attorney's fees and expenses including those of appeal. For any future legal or court-related services, you agree to pay the prevailing hourly fees.

***To avoid being charged for a missed session, you agree to notify me at least 24 hours prior to your appointment if you need to cancel or change the time.*** You understand that the fees for each session of psychotherapy, hypnotherapy, testing, or other services are outlined above, unless otherwise reduced in writing. Your signature indicates that you have read and understood this schedule of fees.

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Signature

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Date