



Payment Agreement

Your fees will be discussed with you in the initial contact with your psychologist and prior to attending your first session.

Your fees cover a 60-90 minute initial consultation and subsequent 50-60 minute sessions.

Your fees include the session with your psychologist and the administration associated with this. Any services requiring additional support (including but not limited to emails, extended phone calls, and consultation with other health professionals) will be charged at the hourly rate, unless otherwise discussed with your psychologist.

Confirmation of your Appointment and Cancellation Policy

You will receive an email two (2) days prior to your scheduled appointment as a courtesy reminder. If you are unable to attend the appointment, please contact your psychologist as soon as practicably possible.

We understand that sometimes you may need to change your appointment and request that you provide 24 hours notice, (preferably 48 hours), so we can offer the appointment to wait-listed clients. We understand that emergencies occur, and genuine emergencies will be accepted.

Appointment cancellations with less than 48 hours notice will attract a charge of 50% of the full fee. If you cancel or fail to attend on the day of the appointment, the full fee for your session is payable. If *Inner North Psychology and Health* is able to fill your appointment time with another client on the wait-list, you will not be charged a cancellation fee for the appointment.

Cancellation fees are deducted from your nominated credit card held on file. Your account must be settled before your next appointment is arranged, unless other arrangements have been discussed with your psychologist.

If possible, please give notice during the business hours listed on the website. If you need to cancel a Monday session, we require notice prior to 2pm on the previous Friday (except in the case of a genuine emergency). A voicemail or email can be left after hours, however, be aware that these are only monitored during the operating hours listed on the website:
<https://www.innernorthpsychologyandhealth.com.au/contact-us/operating-hours/>

I, (print name in Block Capitals) _____
have read, understood and agree to the above Payment Agreement conditions.

Signature: _____ Date: _____

Please Note: If, after reading this page you are at all unsure of what is written, please discuss it with your psychologist.