



# INFORMED CONSENT TO ASSUME PAYMENT RESPONSIBILITY

Individual

I \_\_\_\_\_ (name of payer) agree to pay for psychotherapy services and other clinical services for \_\_\_\_\_ (name of client) according to the fee agreement between *Men & Healing* and the client.

## Authorization

I authorize payment for the following services conducted by Men & Healing:

### Individual Therapy

As many sessions as the client/therapist deems necessary

No more than \_\_\_\_\_ (include total) sessions

### Group Therapy

A mandatory initial clinical assessment

The next 20 hour group therapy program:

*Individual sessions unattended, or cancelled without 48 hours notice, by the client, will be charged at the full amount. Unattended group sessions will not be reimbursed or credited.*

## By initialling each line below, I understand:

The fee for psychotherapy, consultation, letter or report writing, or other clinical services, is in accordance with the current rates as listed on our website.

I will provide credit card information, which will be retained and from which payment will be taken at the time services are rendered, or at committment to group therapy.

I will inform Men & Healing ahead of any changes in my ability or willingness to pay.

Consent to assume financial responsibility for these services does not entitle the payer access to confidential client information.

Upon completion of services the payer will be issued a receipt.

This agreement supplements previous informed consents.

## Signatures & Contact:

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Payer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email of Payer

\_\_\_\_\_  
Contact Number of Payer

## Payer Credit Card Information:

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
CVV Number

\_\_\_\_\_  
Full address associated with the card

*The payer will be contacted only in regards to payment issues. Any payment issue that may interfere with the client receiving services will also be communicated with the client.*

**Please send completed form to [info@menandhealing.ca](mailto:info@menandhealing.ca) or fax to (613) 701-0379**