

## Couple Psychological Treatment

### Payment Agreement.

We understand that the monthly payments made in advance, have a discount on the full cost of each session; We also acknowledge this monthly payment demonstrate our therapeutic commitment, and includes 6 sessions (2 individual sessions for each one of us and 2 couple therapy sessions), which are part of the psychological treatment carried out, and which must be taken with a weekly interval or less, in a time no longer than 4 weeks from the date of payment. Once the 6 sessions have been completed, and in accordance with the therapeutic advances, the doctor's criteria, and the agreements we reach, we may be authorized to make another monthly payment in advance under the same conditions.

In the event that we are unable to attend a booked session, it is our duty to communicate and reschedule it during the week corresponding to that session, doing our best to maintain the agreed weekly interval. We are aware that during the month we have the right to reschedule a maximum of two times, and that in the event that this limit is exceeded, and/or the four-week period has expired, we agree to pay the full cost of the next session or the cost of a new monthly payment, whether the case may be. It is our responsibility with the therapeutic process, to attend the sessions on time and if for any reason, we have not attended the corresponding consultations, during the period of 4 weeks, we are aware that they will not be replaced. Likewise, we understand that no money will be refunded under any circumstances, and that in cases of either medical incapacity, or an unexpected matter of serious concern, we are compelled to send the corresponding medical incapacity letter, or in its absence, a formal written request of postponement of the treatment, stating valid reasons. As soon as we are able to continue the treatment, the therapeutic process will proceed with the number of pending sessions left, applying the above conditions. we also understand that In case we do not communicate in more than 15 days, this situation will be understood as an abandonment of treatment, and if we decide to return in the future, and the doctor accepts us back, we understand that we will have to make another payment.

We are aware that the duration of our treatment depends on the severity of our case, and the number of sessions per week, may vary according to the doctor's criteria, and the agreements we reach during the therapeutic process. We also know that decisions about the continuation or suspension of the activities planned for the evaluation and treatment of the issues at stake are taken by us. The therapeutic process requires our commitment in aspects such as attendance, punctuality, participation, and collaboration with the scheduled activities. If we have paid a monthly fee and we want to leave the treatment, we are clear that no money will be refunded.

Finally, we are also aware that, regardless of whether we have made a payment of 6 sessions in advance, if we cannot attend a previously scheduled consultation, it is our duty to cancel it 3 hours in advance, to avoid paying the full fee for it, before we are authorized to schedule a new session. In case of being late, the session will continue the remaining time.

We expressly declare that we have read and understood this entire document and its content and therefore accept the consequences resulting therefrom.

We have read, understood and agreed to the above.

Names: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ID: \_\_\_\_\_