

Individual Psychological Treatment

Payment Agreement.

I understand that the monthly payments made in advance, have a discount on the full cost of each session; I also acknowledge this monthly payment demonstrate my therapeutic commitment, and includes 4 individual 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 4 sessions have been completed, and in accordance with the therapeutic advances, the doctor's criteria, and the agreements we reach, I may be authorized to make another monthly payment in advance under the same conditions.

In the event that I am unable to attend a booked session, it is my duty to communicate and reschedule it during the week corresponding to that session, doing my best to maintain the agreed weekly interval. I am aware that during the month I 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, I 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 my responsibility with the therapeutic process, to attend the sessions on time and if for any reason, I have not attended the corresponding consultations, during the period of 4 weeks, I am aware that they will not be replaced. Likewise, I 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, I am 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 I am able to continue the treatment, the therapeutic process will proceed with the number of pending sessions left, applying the above conditions. I also understand that In case I do not communicate in more than 15 days, this situation will be understood as an abandonment of treatment, and if I decide to return in the future, and the doctor accepts me back, I understand that I will have to make another payment.

I am aware that the duration of my treatment depends on the severity of my 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. I 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 me. The therapeutic process requires my commitment in aspects such as attendance, punctuality, participation, and collaboration with the scheduled activities. If I have paid a monthly fee and I want to leave the treatment, I am clear that no money will be refunded.

Finally, I am also aware that, regardless of whether I have made a payment of 4 sessions in advance, if I cannot attend a previously scheduled consultation, it is my duty to cancel it 3 hours in advance, to avoid paying the full fee for it, before I am authorized to schedule a new session. In case of being late the session will proceed the remaining time.

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

I have read, understood and agreed to the above.

Name: _____

Signature: _____

Date: ____ / ____ / ____

ID: _____