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Open Path Client Financial Agreement

My electronic signature below indicates that I hereby agree to the following terms and conditions:

1. I agree to obtain an Open Path Membership and will provide documentation of my Open Path Member ID prior to the first session.

(If you are new to Open Path, and have not already completed the registration, go to: <http://openpathcollective.org/client/registration/>.)

Be sure to pay the one-time \$59 membership fee in addition to submitting your registration form. Provide your Open Path Member ID when scheduling your appointment.

2. I agree to an adjusted Open Path Membership rate of **\$60/hour**. This arrangement will be revisited in **90 days** to determine if financial assistance is still needed and/or if my provider is still able to continue the service.
3. I understand that upon three consecutive weeks without any communication, for legal and ethical reasons, my provider must consider the professional relationship discontinued. My provider may then offer my Open Path spot to another individual in need. If I wish to resume services, I may or may not have a spot available at the previously established rate, so we would be creating a new arrangement.

4. I agree that any phone conversation **over 10 minutes** will be charged at a prorated fee based on my provider's full-fee rate (**\$80/hour as of 7/16/19**), rounded up to the nearest 15 minutes.
5. I agree that all **cancellations must be made at least 24 hours in advance**. My session time has been reserved exclusively for me and it is unlikely to be filled with another client in the event I cancel. **Canceling with less than 24 hours notice will result in me being charged the full usual session fee of \$80.**
6. **I understand that if you do not show-up for a session, I will be charged the full usual session fee of \$80.**
7. Professional fees may be paid via cash, check, credit card, or debit card and are **due at the time of service**. I agree to complete the **Credit Card Information Form** (Located in the Patient Portal). My card information will be stored in a password protected, HIPAA compliant electronic medical record. My card will be billed for services on the day of my session. A \$40.00 bank service charge will be assessed for any returned checks.

I understand that session balances are not "carried over" from week-to-week as this could constitute an unethical dual relationship. Please be prepared to pay the entire balance each week
8. I agree that video conferencing, via a HIPAA-compliant platform, is available and may be used on rare occasions when I am unable to come to the office for a session. My provider will determine if a video session is clinically appropriate. I will be billed a prorated rate of **\$60/hour**, rounded up to the nearest 15 minutes.

I AGREE THAT CLICKING ON THE CHECKBOX BELOW CONSTITUTES MY LEGAL SIGNATURE AND THAT I AGREE TO ALL OF THE TERMS AND CONDITIONS OF THE OPEN PATH CLIENT FINANCIAL AGREEMENT. IF I HAVE QUESTIONS, THE INFORMATION HAS BEEN EXPLAINED AND/OR SUMMARIZED FOR ME. I MAY DOWNLOAD A COPY OF THIS DOCUMENT FOR MY RECORDS BY VISITING WWW.TCC-INDY.COM