

### **Sliding Scale Agreement**

By virtue of my signature set forth below, I hereby request that my counselor and Avenues Counseling reduce their usual and customary charges in order to allow me to receive care required by my current life situation.

I represent and warrant that my financial status is such that I would be unable to receive diagnostic and treatment services if usual and customary charges were applied to the services required by my condition.

I recognize and acknowledge that this agreement to reduce usual and customary charges is undertaken for my benefit, that it is dependent on my financial status as of the date of this agreement, that it will result in a fee arrangement distinct from the one that is usual and customary for the services in question, and that the arrangement represents a confidential agreement entered into by the parties for my sole and exclusive benefit.

I acknowledge that my fee for a 50 minutes session is being reduced to \$\_\_\_\_\_.

### **Relinquishment of Sliding Scale Agreement**

In light of the foregoing, I hereby agree to the following: If the financial circumstances which caused me to qualify for the sliding scale under this agreement change, I will immediately notify my counselor and Avenues Counseling in order to allow them to determine whether my financial status will then allow me to pay usual and customary charges for the services which I receive from that date forward. This agreement is subject to modification and/or review every 6 months.

Name \_\_\_\_\_  
(Print)

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

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