

**Fee Agreement**

I, \_\_\_\_\_, agree to pay the following fee for the following services at the Baylor Psychology Clinic:

\_\_\_\_\_ per psychotherapy session,

\_\_\_\_\_ for psychological assessment/testing,

\_\_\_\_\_ for services described below.

Further description, notes, limitations, clarifications.

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This agreement commences on \_\_\_\_\_.

\_\_\_\_\_  
Signature of client or responsible party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Psychology Trainee

\_\_\_\_\_  
Date