



Therapist Rate Increase Letter

To

Subject Notice of Therapy Fee Adjustment

I hope this message finds you well. I am writing to inform you in advance of an upcoming adjustment to my therapy session fee. This change will take effect on _____, and it applies to sessions scheduled on or after that date.

After careful consideration, I have determined that an increase in my session rate is necessary in order to continue providing consistent, high-quality clinical care. Over time, the costs associated with maintaining a professional therapy practice have increased, including ongoing training and continuing education requirements, professional supervision and consultation, licensing and compliance obligations, practice operations, administrative support, and general business expenses. These elements are essential to ensuring that the services I provide remain ethical, informed, and clinically sound.

In addition, I regularly invest time outside of sessions in case preparation, documentation, treatment planning, and professional development. These efforts are integral to the quality and effectiveness of our work together and allow me to remain current with best practices and evolving standards of care. The rate adjustment reflects the need to balance these professional responsibilities while sustaining a viable practice.

As of the effective date, my standard session fee will increase from _____ to _____ per session. All sessions scheduled prior to this date will remain at the current rate.

I understand that changes in fees can have an impact, and I encourage you to reach out if you have questions or would like to discuss how this adjustment may affect you. If you are using insurance, an employee assistance program, or a third-party payer, I recommend confirming whether this change will affect your coverage or reimbursement. If you are on a sliding scale or have a specific financial arrangement in place, please contact me so we can review it together.

Our therapeutic work and your progress remain my priority. I deeply value the trust you place in me and appreciate your understanding as I make this necessary adjustment to support the sustainability of my practice and the quality of care I provide.

Thank you for your continued commitment to your therapeutic process. Please feel free to contact me with any questions or concerns.

Warm regards,

Therapist

Full Name

Date

Professional Title

Contact Number

Signature

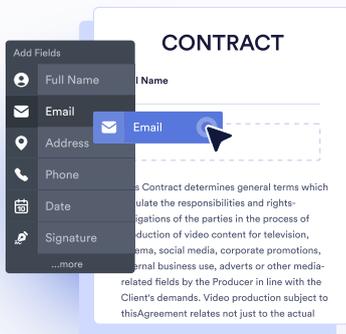


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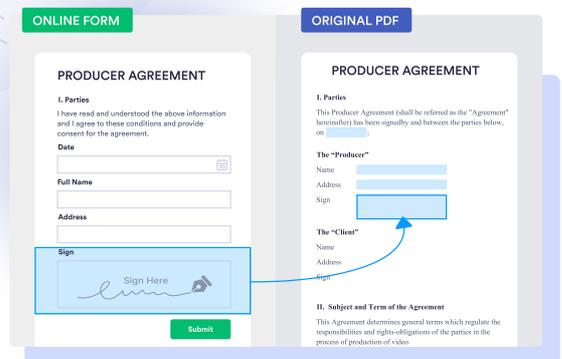
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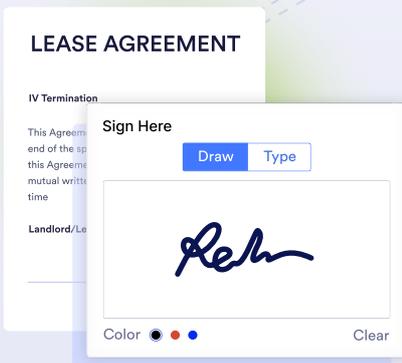
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