



Demian Brown, BA, MSW, RSW
 Social Worker & Director
 Brown Psychotherapy & Associates
 West Oak Medical Clinic
 2525 Old Bronte Rd., Suite #200
 Oakville, Ontario
 L6M 4J2
<http://www.westoakmedical.com/brown-psychotherapy/>
<http://thetorontopsychotherapist.ca>
<http://oakvillepsychotherapist.ca>

Please return to my confidential email demianbrown1@outlook.com not any other email thanks!

I /Mr./Mrs./Ms. _____ hereby authorize
 BROWN PSYCHOTHERAPY & ASSOCIATES to charge my credit card in the amount of:

\$ _____ per booked session

COST

I do not offer a sliding scale

- Remote/live (1 hr.) psychotherapy session rate is \$160 with or without insurance
- Remote/Live (1.5 hr.) **EMDR session rate** \$220 with or without insurance
- Remote/Live (1hr.) **Student session rate** \$120 with or without insurance (with proof of current enrollment)
- Remote/Live (1 hr.) **CRPO clinical supervision small group session rate** \$120
- Remote/Live (1hr.) **Clinical Supervision individual session rate** \$160

VISA / MASTERCARD / AMEX (Please circle one)

CARDHOLDER NUMBER

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EXPIRY DATE

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Cardholder Signature _____

Date _____