



# Office Procedures and Client Consent Form

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

## The 45-minute Hour

Individual and Couple Sessions last approximately forty-five minutes.  
Group session lengths are ninety minutes

## Fee Schedule

Individual and Couples : \$150.00      Group: \$65.00

*In cases of proven financial hardship, I am sometimes able to arrange a lower fee for a certain period of time.*

## Billing

Fees are paid at the end of each session.

**Checks should be made out prior the session.** If you prefer to write only one check per month, you may do so by paying for sessions in advance.

If you are unable to pay a bill, please discuss this with me to make arrangements for payment. Clients behind on payments can create a cash flow problem for the office. Please be aware of this and keep your account current.

You are responsible for billing your insurance unless arrangements have been made with me. No matter what form of payment you are using, you are fully responsible for any balance for therapy charges (including missed or canceled sessions).

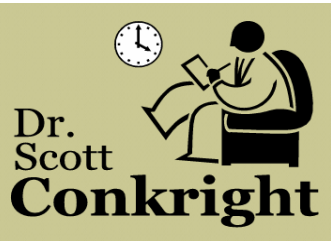
The bank will charge returned checks and you will be billed this amount. In the event that an outstanding account is not brought up to date, a collection agency may be contacted.

## Cancellations and Missed Appointments

If you need to cancel or reschedule an appointment, please do so with **48** hours notice. This allows me to offer that hour to someone else.

If you do not show for your appointment, or if you cancel or reschedule without **48** hours notice, you will be charged the regular fee for that hour.

Please note that as a general policy that most insurance and managed health care providers do not reimburse for missed or canceled sessions. Nor do they usually allow you to apply the charge toward your deductible or co-pay.



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### Psychological Emergencies

If you are experiencing a medical emergency, please dial 911.

If you have an urgent message for me, you may leave a voice mail message. Messages are checked every few hours; expect it to take this long (or longer) for me to get back to you. I *will* return your call as soon as possible.

Late night messages are not likely to be returned until the following morning. If you are unable to wait for a return call—and you feel you are experiencing a psychological emergency—dial 411 for the number of your county's local mental health clinic.

### Telephone Calls

Billing for extended phone calls over ten minutes is pro-rated according to hourly fees (ex. 25 minutes billed for \$75.00). Short calls are not billed.

Long distance charges are billed to the client.

### Vacation and/or Absences

I will inform you in advance if I am to be out of town or on vacation. During my absence, I will have another therapist on call for emergencies. The name and phone number of my back-up therapist will be on my voice mail during my absence.

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### Consent to Treatment

I have read the above conditions and agree to enter treatment on these terms.

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Client's PRINTED Name

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Client's Signature

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Date