

OFFICE POLICIES

PAYMENT: Payment is due at the end of each session unless other arrangements are made.

Please notify me if any problem arises during the course of your therapy regarding your ability to make timely payment.

INSURANCE: Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance company. I will provide you with an insurance copy of your receipt, which you can submit to your insurance company for reimbursement.

CANCELLATION: The scheduling of an appointment involves the reservation of time specifically for us. To avoid being charged for a missed session, please inform me of your cancellation at least 24 hours in advance.

CONFIDENTIALITY: All information disclosed within sessions, including that of minors, is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Disclosure may be required in the following circumstances:

1. When there is a reasonable suspicion of child abuse or abuse to a dependent or elder adult.
2. When the client communicates a threat of bodily injury to others.
3. When the client is suicidal.
4. Physical injury due to violence.
5. When disclosure is required pursuant to a legal proceeding.

I receive regular professional consultation. In such cases, neither your name nor any identifying information about you is revealed.

EMERGENCY PROCEDURES: If you need to contact me between sessions, please leave a message with my answering service by dialing _____ and your call will be returned. If an emergency situation arises, inform the telephone service that your call is an emergency. The service will make every effort to reach me directly. Please do this for true emergencies only.

When I am out of town or otherwise unavailable, a qualified professional will cover for me by checking with the service.

I HAVE READ AND UNDERSTAND THESE OFFICE POLICIES.

Client

Signature: _____ Dated: _____