

**Lindsay Mazzeo**  
3606 Nicholas Street Suite B-2  
Easton, PA 18045  
Office 410-689-5181  
www.mazzeolpc.com  
Email: Mazzeo.lpc@gmail.com

## OFFICE POLICIES AND PROCEDURES

Listed below are the administrative policies that this office will be following in regard to your treatment. Should you have questions or concerns about these policies, please make a point to discuss them with your therapist. Otherwise it will be assumed that you understand and agree to these procedures when you sign this form.

1. Each session has designated time limits. If you are late for a session, the time is lost from your session.
2. Telephone calls to your therapist, other than calls to change or cancel an appointment time, should be limited to emergencies. If you must speak to your therapist on the phone, these calls will be billed at the hourly rate. The therapist will attempt to return all calls as promptly as possible but after hours availability is not guaranteed.
3. Payment is due at each session. Since a regular time is reserved for your appointments, and this time cannot be offered to anyone else, you will be charged for all missed appointments not canceled at least 24 hours in advance. This policy holds for individual, family, or group sessions. Written reports that have been requested regarding assessment, diagnosis, and/or treatment will be billed to you at the usual hourly fee. Final payment for a written report must be made prior to delivery of the report.
4. During the course of treatment it may become necessary to increase fees to compensate for increased costs and inflation. You will receive at least one month's prior notice regarding an increase in fees.
5. The information that you share with your therapist is privileged and confidential. Any information concerning your treatment will be released only with your specific written consent. The following exceptions to your confidentiality should be noted:
  - 1). If you are court-ordered into treatment,

- 2) If you pose, in your therapist's opinion, a clear and imminent danger to yourself or to another person, or
- 3) If, in your therapist's opinion, a child has been or is danger of being abused or neglected.

6. Terminating therapy usually involves a mutual decision between client and therapist. As a client, you have the right to end therapy at any time without moral, legal, or financial obligation beyond payment due for completed and/or scheduled sessions that were not canceled. Should you decide between sessions, or at the end of a session, to withdraw from therapy, you are asked to attend at least one additional session to discuss this decision. Therapy termination can sometimes be the result of misinterpretation, miscommunication, or simply the difficulty of therapy, and a final appointment will help to ensure that the termination is completed constructively and appropriately.

Please sign below to indicate that you understand and agree with these policies and procedures.

Signature:

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