**OVERVIEW AND AGREEMENT and NOTICE OF PRIVACY**

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**Our Agreements**

My signature below signifies my understanding and my receipt of the Therapy Overview and Agreements and the Notice of Privacy Statement. Initial: \_\_\_\_\_\_

I understand that cancellation of an appointment with less than 24 hours of notice will result in a $50.00 cancellation fee, payable at or before the next scheduled appointment. Initial: \_\_\_\_\_\_\_\_

I hereby authorize the Provider, to release my diagnosis, dates of service, and other required information to the insurance companies for financial reimbursement purposes. Also, I hereby authorize all payments to be made directly to the Provider. Initial: \_\_\_\_\_\_\_\_

My signature does not indicate that I am waiving any of my rights. If I have further questions about any of the information covered in these two handouts, I can talk with you about them, and you will do your best to answer them. Initial: \_\_\_\_\_\_\_

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective. Initial: \_\_\_\_\_\_\_

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Client Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Parent/Guardian Printed Name Date

**Reminders and other Notification’s**

If you wish to give me permission to contact you with appointment reminders and other information via the following methods, please include the contact details or place the word “no” in each section:

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone call:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_