

# **Peg Hurley Dawson, LMHC, CSTS**

**805 Turnpike Street, Suite 202**

**North Andover, Mass 01845**

**(978) 852-2501**

I am pleased that you have chosen this office for your mental health care needs. As a trained and experienced psychotherapist, I am licensed by the State of Massachusetts as a Licensed Mental Health Counselor. My practice aims to provide you the best possible care at all times. I hope that you will feel comfortable and secure with treatment you receive. I welcome any suggestions you have that will help improve the care you receive.

## **Services Provided**

This practice is designed to provide counseling and psychotherapy services to individuals, couples and groups. An initial assessment is usually necessary to determine appropriate needs and course of treatment. An evaluation for special needs may also be required by referral to a health care specialist. In addition, information and referral services are available when necessary. If you have any questions about any of the services provided, please feel free to discuss them with me.

## **Office Hours and Appointments**

The office is open from:

Monday through Thursday 10am to 5:30pm

The office is closed for traditional holidays. Office hours are by appointment only. individual and couples therapy appointments are 50 minutes in length. Group therapy sessions are 90 minutes. If you find that you cannot keep your appointment, please call the office or email me at [peghurleydawson@icloud.com](mailto:peghurleydawson@icloud.com) with 48 hours or you will be charged for that appointment in full.

## **Cancellation Policy**

Schedule appointments cancelled more than 48 hours prior to appointment time will not be charged to the client. Calling the voice messaging system at 978-852-2501 and leaving a message is sufficient notification for cancellation. Time of call is noted on the voice mail recording. Appointments cancelled less than 48 hours prior to scheduled appointments will be charged to the client. Once booked or if you have a standing appointment on Monday, I will need you to contact me by 5pm on the Saturday night before.

In an emergency situation go to your nearest hospital emergency room.

## Telephone and Email

I welcome and encourage you to call the office if you have a problem or a question or may need to speak with me for any reason. You may reach me during regular office hours by phoning 978-852-2501; you will receive the voice mail message system. Urgent calls will always receive priority response. Your call will be returned as soon as possible. Routine messages or questions may be sent to [peghurleydawson@icloud.com](mailto:peghurleydawson@icloud.com).

## Fees

My fees are within the customary range for the North Andover area and reflect the level of care you will receive. I have standardized charges for individual and group therapy. Please feel free to discuss any questions about fees directly with me. Charges for office visits are due at the end of the session; this cuts down on billing expenses, which increase the cost of health care. Cash and checks (made payable to Dawson Consultants) may be used.

## About Insurance

For assessments and limited office visits, I will provide you with an itemized receipt, which has been designed to provide all the information needed for you to bill your insurance company. Simply fill out the patient portion of your insurance company's form and then attach the document(s) I provided and submit it to your insurance carrier. No practitioner's signature is necessary on this form.

## Medical Records and Confidentiality

All of your medical records are confidential. I may choose to release the records or any part of them only if you give me written authorization. Under most circumstances, I will not release those records unless I have some written notification that you request me to do so.

## Written Agreement

I have read this information and my signature indicates I concur with all the stated expectations and agree to meet all requirements as stated in this agreement. I acknowledge by signing this agreement I am consenting to outpatient psychotherapy provided by Peg Hurley Dawson, LMHC, CSTS

Name \_\_\_\_\_  
(print name of client)

Signed \_\_\_\_\_  
(Signature of client)

Signed

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Peg Hurley Dawson. LMHS, CSTS

