

Financial and Procedural Policies

Therapy Appointments:

I will usually schedule one session per week, at a time we agree on. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation [unless we both agree that you were unable to attend due to circumstances beyond your control].

Hourly Rate:

My hourly fee is \$____/hr. individual session and \$____/hr group. In addition to weekly appointments, I charge this same hourly rate for other professional services you may need. Other professional services include report writing, telephone conversations lasting longer than 15 minutes, attendance at meetings with other professionals you have authorized, preparation of treatment summaries, and the time spent performing any other service you may request of me. See separate form for assessment fees.

Insurance:

I do not take insurance at this time.

Payment:

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Payment schedules for other professional services will be agreed to when such services are requested. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. [If such legal action is necessary, its costs will be included in the claim.] In most collection situations, the only information I will release regarding a Client's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

Client(s)Name(s):_____DOB:_____

Parent/Guardian Signature:_____Date:_____

Parent/Guardian Signature:_____Date:_____

Therapist Signature:_____Date:_____