

Client Registration

Name: _____

Date of Birth (M/D/Y): _____ - _____ - _____

Age: _____

Home Address: _____ City: _____

State: _____ Zip: _____

Phone (Home): _____ Cell: _____

Email: _____

Sex: Male _____ Female: _____ Other: _____

Employer / School: _____

Referred by (if applicable): _____

Person to Contact in an Emergency: _____

Phone: _____

Relationship to Client: _____

Financial Agreement

All fees are private pay only, which means you are responsible for payment at the time of service. At this time, I am offering sessions only via telehealth using a HIPPA compliant videoconference platform.

Individual therapy sessions (50 minutes) \$150

NARM Experiential Consultation (60 minutes) \$125

Clinical Supervision for LAC's in the state of Arizona (60 minutes) \$125

Payment options

Paypal: Leslie@sedonapsychotherapy.com

Venmo: Sedona Psychotherapy Services, @Leslie-PSP

INSURANCE

I am not affiliated with any insurance panels and payment in full is due at the time of service.

Cancellation policy

If you need to cancel or reschedule your appointment, I require you to notify me at least 24 hours prior to the start of your scheduled appointment.

I can be reached via email, or via message through the messaging portal.

If canceling or rescheduling with less than 24-hour notice, you will be charged the full session rate for your appointment.

Knowing about appointment changes at least 24 hours ahead of time gives my other clients access to that appointment time.

- I understand that I am legally responsible for all fees due to Sedona Psychotherapy Services
- I acknowledge that I am responsible for paying for services at the conclusion of each session.
- I acknowledge that I am responsible to pay the full session fee for missed sessions and sessions not cancelled 24 hours in advance.

- I acknowledge that I have been informed and encouraged to ask and discuss any questions I may have about policies, procedures, grievances and treatment plan and or method(s) with Leslie Filsinger, MA, LPC

Client signature _____

Date _____

Guardian signature _____

Date _____