

# Amber Sky Counseling

## Suzanne Jafferian, PhD, LMHC

373 Main St.  
Plympton, MA 02367  
781-801-3457

NAME: _____
DOB: _____
DATE: _____

### Policies

**Payment:** Clients/Families are expected to pay the standard fee of \$100 for individual session, \$125 for couples or family sessions, and \$150 for first (diagnostic) session at the end of each session unless other arrangements have been made. Telephone conversations, site visits, report writing, and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed otherwise. Please be aware that it is your responsibility to notify your therapist if any problem arises during the course of therapy regarding your ability to make timely payments. All insurance co pays and co-insurances are due at time of service.

**Insurance Reimbursement:** Your therapist is contracted with several insurance companies to provide behavioral health services. It is the responsibility of the client to verify the specifics of their mental health coverage with the insurance carrier. Clinical diagnosis, dates of service, fees for service and other relevant information may need to be disclosed in order to collect amounts owed by the insurance company. Your therapist will communicate only the minimum necessary information to the carrier for reimbursement purposes. Your therapist has no control or knowledge over what insurance companies do with the information submitted or who has access to this information. Please be advised that submitting a mental health invoice carries a certain amount of risk to confidentiality.

**Mediation and Arbitration:** Your therapist will not become involved in legal disputes unless compelled to do so by a court of law. Matters involving custody and mediation are best handled by another professional who is specially trained in those areas.

**Process of Therapy:** Therapy sessions are 45-50 minutes long. Your therapist will draw upon various psychological approaches based on her professional assessment of what will best meet the needs of you, the client. As a client you have the right to terminate counseling services at any time. Please be aware your therapist is ethically obligated to terminate counseling services if in her professional opinion, you have reached your therapeutic goals or if she is unable help.

**Telephone and Email:** If you need to contact your therapist between sessions, please leave a confidential voice mail or text #781-801-3457, and your call or text will be responded to as soon as possible. You also can contact your therapist via email at [suzanne@amberskycounseling.com](mailto:suzanne@amberskycounseling.com)

**Cancellation:** Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours (1 day) notice is required for re-scheduling or canceling an appointment. In the event a session is missed without sufficient notification, a \$60 fee will be charged and must be paid in full at the next session.

**I have carefully reviewed the above information and I am aware that at any point I may ask questions with regard to these. I understand the meaning of the policies and consent to receiving services with Amber Skye Counseling based on this understanding.**

\_\_\_\_\_  
Signature of Client/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (Please Print)