

Kathy Bornino, Licensed Marriage and Family Therapist
1183 Shannon Lane, Arroyo Grande, CA 93420 (805) 481-1724

Payment and Office Policies and Therapeutic Contract

Insurance company policy is to pay for a session of 45 minutes, including your copay. Many clients find that a longer session benefits them more. If you wish, you can extend your session for up to 15 at the discounted rate of an additional \$5 for each 5 minutes. Fees are payable at time of treatment.

I will be glad to fill out insurance forms for you, but obtaining reimbursement from your insurance company is your responsibility, and if for some reason your insurance company does not pay as expected, you are responsible for payment for services.

Telephone discussions exceeding 10 minutes may be charged a prorated fee. The (805) 481-1724 is an emergency as well as office number, so please call between 7am to 9pm for routine business. If I am out of town, my machine will list a colleague to call.

When you schedule a therapy hour, you contract to purchase a particular hour of your therapist's time, which cannot normally be designated for anyone else on short notice. If for ANY reason you are unable to keep your appointment, 24 HOURS NOTICE OF CANCELLATION OR RESCHEDULING IS REQUIRED IN ORDER TO AVOID A MISSED SESSION CHARGE OF \$25. This charge is not reimbursed by insurance. If you are unable to come to the office at the appointed time, you have option of phone counseling, but this may not be reimbursed by your insurance company. Thank you for your cooperation.

Therapy is normally of greatest benefit to a client who understands that resolution of issues and relief from symptoms are most likely to result where there is willingness to explore new thoughts, feelings, and actions, and willingness to follow through in applying appropriate insights, suggestions and new behaviors. Therapists can guide, provide insight, suggestions, useful information and emotional support, but change and success are ultimately in the hands of the client.

Therapy MAY be terminated under any of the following conditions:

- Mutual agreement as to the completion for therapeutic goals
- When the patient chooses to terminate therapy and informs the therapist of his/her choice
- When the therapists' professional opinion is that the client would be better served by some other clinician, in which case the therapist will give the client the names, addresses, and phone numbers of appropriate therapists
- When the client refuses to cooperate with a treatment plan in a serious matter that jeopardizes quality of care, such as refusing to get a medical or psychiatric evaluation or refusing to comply with medication prescriptions or follow emergency procedures
- When the client fails to pay for or fails to appear for two appointments without making satisfactory arrangements with the therapist
- When the client does not make a follow up appointment within three months of the last scheduled appointment.

Therapy may be resumed by mutual agreement at a later date.

I have read, understand, and agree to comply with the above policies.

Client Signature _____ Date _____

Partner Signature _____ Date _____