



Discover Your Destination • Choose Your Direction • Invite Traveling Companions

Thank you for choosing me to join you on your journey to personal growth and freedom. It is a privilege to work with you. Here are necessary business details to assure a most successful experience.

Appointments

A therapy session is typically 50 minutes in length. At times, I may extend the session 5-10 minutes to ensure that our session has come to an adequate closure. I will document your progress, review the treatment plan and consult with other professionals to adequately prepare for our sessions.

Fees

The self pay fee is \$90 per session and payment will be collected at the beginning of each session. Your appointment time is reserved specifically for you. Please call **24 hours before your appointment** if you must cancel. A missed appointment, not cancelled within 24 hours, will incur a charge of 50% the stated fee (\$45), due at the time of your next appointment. Forms of payment accepted are cash or personal check.

You will receive a receipt for services, which may be submitted to your insurance company for reimbursement (if applicable). Please contact the customer service number on your insurance card to further inquire about your behavioral health benefits. If you request that your insurance company is billed for services, the fee is \$100 per session to cover administrative costs.

Additional services or phone conversations

If you request additional time outside the counseling session (example: emergency or crisis intervention, coordination of care with family members or medical professionals), a pro-rated fee will be charged for any service lasting longer than 10 minutes.

Crisis Situations

If you have a psychiatric or medical emergency, please call 911 or go to the nearest emergency room for immediate care. Twenty-four hour emergency services are **not** available through my private practice.

I have read, understood and received a copy of the information presented in this document.

Client

Date

Parent or Guardian

Date

Witness

Date