



OFFICE POLICIES

Payment: Full payment for service is due at the beginning of each session unless other prior arrangements have been made. Please notify us if any problem arises during therapy regarding your ability to pay for services.

Insurance: We will bill your insurance company for services. Please notify us if you change insurance companies or no longer have insurance coverage. At intake, please have your insurance card ready for copying. **You are responsible for any charges not paid by your insurance company.** See Professional Fees*

Cancellation: Please contact us at least **48 hours** in advance of any appointment you must miss. For cash clients, the full fee of the session missed must be paid prior to rescheduling. For insured client, **2 late cancels or 1 no show and/or frequent timely cancellations will result in being removed from the set weekly schedule.** It is at your therapist's discretion to offer further appointments on a week by week basis.

We are not allowed to bill your insurance company for missed appointments.

Confidentiality: All information disclosed within sessions, including that of a minor, is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law.

Disclosure may be required in the following circumstances:

1. When there is reasonable suspicion of abuse of a child or a dependent or elder adult.
2. When the client communicates a threat of bodily injury to others.
3. When the client is suicidal.
4. When disclosure is required pursuant to a legal proceeding (e.g., court subpoena).

Our Notice of Privacy Practices (attached) provides specifics on safeguarding your information.

Emergency Procedures: If you need to contact me between sessions, please call and leave a message. Reasonable effort will be exerted to return your call as quickly as possible during business hours.

If you cannot reach someone in our office and/or it is a true emergency, please call 911.

***Professional Fees**

Individual/Family/ Consultations/Reports/Phone**/ Email**/45-50 minute sessions	LMFT: \$130 AMFT: \$110 Specialty Licensed Professionals [Supervisors]: \$140 All fees are applicable unless other arrangements have been made with therapist.
Group	\$30 per session per person
Professional Supervision	\$100 per session
Cancellation Fee (Cash pay only)	Full Fee
Court	Retainer of \$2000 covers 3 hours in court
Gold Coast Insured	Same Charges as above if service is not billable through insurance

**These services will be prorated every 15 minutes.

Cost/Session: _____ Financially Responsible Party: _____ Date: _____

**Phone and Email are charged in 15 minute increments.

Please direct any complaints to supervisor and owner of Maple Counseling Center at 805-669-8846.

I acknowledge that I have carefully read and understand the above policies and procedures and agree to comply with them.

PRINT NAME: Client or Parent/Guardian

DATE

SIGNATURE

PRINT NAME: Client or Parent/Guardian

DATE

SIGNATURE