|  |  |  |  |
| --- | --- | --- | --- |
| Client Name (printed): |  |  |  |
|  |  |  |  |

I have received the *Psychotherapy Client Information Package*. We have discussed and agreed upon the fee for psychotherapy services. I agree to receive psychotherapy services from Beverly Swann, LMFT.

**FEES -** The regular fee is $125.00 per 50-minute client session and includes the following services: Actual time spent in session; time spent in preparation for the session; time spent on usual and customary paperwork and treatment planning; time spent in consultation, training, and research; short telephone calls or emails with the client for the purposes of scheduling or support (10 minutes or less). All other services are billable at the regular fee. Fees may be paid using cash, check, or credit card. **There is a $35.00 fee for returned checks.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total fee: | $ |  | Fee review date: | / / |

**MISSED APPOINTMENT POLICY -** An appointment for therapy is a promise between therapist and client: the therapist agrees to reserve that time and not schedule any other clients, while the client agrees to arrive on time and participate. When an appointment is missed, that is time that another client might be able to use if enough notice is given. Clients are allowed up to three missed appointments in a calendar year without penalty. The number of allowable missed appointments depends on the date therapy started. Missed appointments beyond this are the responsibility of the client and are charged at the above rate. Insurance does not pay for missed appointments. Additionally, we will discussion about the session was missed and what can be done to prevent it in the future. Repeatedly missing sessions or failing to give appropriate notice may result in a break from therapy or in the possible termination of therapy with this therapist.

You have \_\_\_\_\_\_\_ missed appointments allowable for year \_\_\_\_\_\_\_.

**Communications**

❑ Yes Would you like to be added to my email announcements/events list?

❑ Yes Would you like an appointment reminder? ❑ Phone ❑ Email ❑ Text

Cell phone number or email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❑ Yes Would you like to use online appointment scheduling via my secure client portal?

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURES**

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Client Signature Date Client Signature Date