



## Client Appointment Agreement

### **APPOINTMENTS:**

Appointments are typically scheduled on a weekly basis and are approximately 50 minutes long. Couples and Family-dyads could be extended for 80-minute sessions. If you must cancel or reschedule your appointment, please call (510) 459-6463 at least 48 hours in advance. If you fail to notify us within 24 hours prior to your scheduled time of a cancellation, you will be charged the full rate for your missed session. A persistent pattern of missed appointments may cause your treatment to be terminated.

### **FEE SCHEDULE:**

Fees are subject to change with adequate notice.

### **CANCELATION**

I understand that I should make an attempt to cancel and/or reschedule my appointment 24-hours prior to appointment or as soon as possible to avoid being charged the full session rate as a no-show.

If the 24-hour notice has not been given, there will be a no-show charge for the full session which you will be responsible for making payment.

I understand that there is a grace period of 10 minutes at the beginning of the session if I am running late. If I do not communicate that I am running late past those 10 minutes, the session is subject to cancellation and may be subject to remit full payment for the missed session.

### **PAYMENT/INSURANCE FILING:**

If you are using a Managed Care/PPO/HMO insurance plan and wish to file your own claim, full payment is expected at the time of service, and we will provide you with a statement of services rendered.

**TERMINATION OF THERAPY:**

The length of your treatment and the timing of the eventual termination of your treatment depend on the specifics of your treatment plan and the progress you achieve. It is a good idea to plan for your termination, in collaboration with your therapist. Your therapist will discuss a plan for termination as you approach the completion of your treatment goals.

You may discontinue therapy at any time. If you or your therapist determine that you are not benefiting from treatment, either of you may elect to initiate a discussion of your treatment alternatives. Treatment alternatives may include, among other possibilities, referral, changing your treatment plan, or terminating your therapy.

I \_\_\_\_\_ (please print) hereby agree to the terms above and acknowledge that I am financially responsible for any fees not covered by insurance, including but not limited to, no show fees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

By checking this box I agree to my electronic signature above.