

 **RELEVANT INFORMATION**

 **PLEASE READ CAREFULLY BEFORE INITIAL CONSULTANTATION FOR THERAPY OR OTHER SERVICES.**

  Revised Version

* **A Twenty four hour notice is required to cancel an appointment.**
* **Full cost for the session will be required if a twenty four hour notice was not given, THIS WILL NOT BE COVERED BY YOUR INSURANCE COMPANY.**
* **INDUVIDUALS ON THE SLIDING SCALE PAYEMENTS DO NOT RECEIVE AN INVOICE OR RECIEPT.**
* Sessions are 1 hour including note taking or 45 minutes with 15 minutes separate for recording sessions.
* Notes are to remind me of what was discussed in order to better serve you
* Information shared is private and confidential except in certain situations where individuals are in danger be it child or adult. There are certain requirements by law which exceeds the boundaries of confidentiality over which I have no control.
* Individuals under Dr. Dalton and Associates will have their information shared with Dr. Dalton in order to best meet their needs.

 **OTHER CHARGES**

* Attending other locations: \_\_\_\_\_\_\_\_\_\_\_\_ same cost as session rate based on 45minutes to an hour.
* Attending meetings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ same cost as above

Should you require any of the following for your file or for a third party the following cost will apply.

* Writing a letter, filling out forms\_\_\_\_\_\_\_\_ $30 (twenty five dollars)
* Writing report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $50 (Fifty dollars )
* NSF checks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $35 (thirty five dollars )
* There is a $20 (twenty dollar overhead fee paid to which is not covered by insurance to be paid at the end of the session.

INSURANCE COMPANIES DO NOT PAY THE THERAPIST, THEY WILL PAY THE CLIENT THEREFORE PAYMENTS ARE AT THE END OF EACH SESSION AT WHICH TIME AN INVOICE WILL BE GIVEN.

 Thank you

**I have read and understand the above information and requirements and agree to them.**

**Sig. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**