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*Instilling hope in life by promoting Mental Health and Wellness of Mind, Body, Spirit*

## **PRIVATE PRACTICE POLICIES**

In order to be effective, therapy needs to take place on a regular basis. The best results occur when appointments are consistently scheduled and regularly attended. Missed appointments inevitably slow the healing work and jeopardize continuity of treatment. The process of psychotherapy is a serious commitment to growth and needs to be prioritized to maximize its effectiveness. Rescheduling appointments is much preferred over cancellation due to the need to maintain treatment continuity. These considerations and the need to maintain a consistent schedule are the reasons for private practice policies: Appointments cancelled with less than 24 hours notice will be charged a cancellation fee at the price of the therapy hour. This is standard policy within the treatment profession.

### **CANCELLATION POLICY**

Because making an appointment means the time will be held for you, it is necessary to have a system for clients to be fair to each other and to the therapist in utilizing the session hours. The cancellation policy for the first session would be the full fee for the session once you make the appointment. Cancellation for ongoing therapy is requested 48 hours in advance of your appointment. If you fail to cancel an appointment without at least 48 hours notice, you are responsible for the full fee of the session unless we reschedule in the same week or make some other mutually agreed upon arrangement. Insurance companies do not reimburse for missed sessions. Actual emergencies are excluded from this policy.

### **TERMINATION POLICY:**

The patient's therapeutic relationship with the therapist continues as long as the therapist is providing professional services and until the patient informs the therapist, in person or in writing that he or she wishes to terminate therapy, or the therapist notifies the patient that therapy is being terminated. It is customary that the patient gives the therapist at least one week's notice before stopping therapy.

**FEES:** Must be paid in full after every session. You are responsible for insurance reimbursement.

Please sign, date and return this letter acknowledging that you have read and consent to the above private practice policies.

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Signature of Patient/Client

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Date Signed

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Name of Patient/Client