

OFFICE POLICIES AND PROCEDURES

This form provides information about our counseling relationship, procedures involved, and your authorized consent to treatment.

Length of Session: 50-60 minutes

Cost of Session: \$165.00

Confidentiality: Your privilege of confidentiality will be kept as stipulated by law. Please see “Confidentiality” form attached for additional information/clarification.

Payment: The client is financially responsible for payment of fees, which will be collected at the time of service. Please see “Patient Information Regarding Professional Fees” form attached for additional information/clarification.

Cancellations: Your time is reserved for you. All appointments not cancelled twenty-four (24) hours in advance, BY PHONE, will be billed in full.

Consent: By seeing Samantha Ter Heege, MA, LPC, CART I understand that I and/or my minor child are giving fully informed consent to enter into a psychotherapy relationship.

I encourage you to address any questions or concerns you may have. Thank you!

I have read, understood and agree to the terms and conditions above.

Patient Signature

Date