

Dr. Shirley O. Kauffman

MFC #31579

818-631-6854

Therapy Policy Information and Agreement

I ask that you read and sign this information sheet to ensure your understanding and willingness to abide by the policies of treatment as established. Please do not hesitate to ask questions, and thank you in advance for your cooperation.

1. Sessions are 50 minutes in length. Overtime or phone consultation time will be billable in 15 minute intervals. I would appreciate it if you make out your check and pay before the session begins so that we can maximize your session time. Please make checks payable to Dr. Shirley Kauffman. Returned checks will result in a \$25.00 charge to your account.
2. In order to cancel or change an appointment there must be at least 24 hours advanced notice prior to the scheduled appointment. If your appointment is on a Monday, I will need to be notified by Friday. If proper notice is not received, you will be responsible for payment for the missed sessions.
3. Payments are to be made at the beginning of each appointment. Payments through PayPal prior to your appointment are accepted.
4. If you need a statement to submit to your insurance company for reimbursement, please let me know and I will provide you with a statement. I will not bill your insurance company.
5. All communication between client and therapist will be held in the strictest of confidence. This office is HIPAA compliant. A detailed privacy practices notice accompanies this information sheet. Exceptions to this confidentiality would be in those cases involving child abuse (sexual molestation or physical injury to a person less than 18 years of age), elder abuse and/or imminent danger to self or others. In these instances I am required by law to notify the legal authorities.
6. The fee is 150.00 for each face to face session; \$75per 25 minute phone session.

I have read the above, understand it fully and agree to these terms.

Signature _____ Date _____

Signature _____ Date _____