Westlake Counseling Associates

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Welcome to my office. The following guidelines are intended to clarify our working relationship and to enhance your therapeutic experience. Feel free to discuss with me any questions you may have concerning this information.

Patient's Rights: Our relationship is strictly voluntary and you may leave the psychotherapy relationship anytime you wish. It is customary and advisable to discuss the termination of relationship to ensure proper closure.

Fee for Service: I charge per session. My policy is to collect payment at the beginning of each session. You may pay by cash, check or credit card. Checks should be made out to "Shirley Miller." Applicable bank charges will be added for any returned checks.

Appointments/Cancellation policy: Your counseling session will be 45-50 minutes long. Your session has been set aside for you; therefore you will be financially responsible for all scheduled appointments. The full fee will be charged for cancelled/missed sessions without 24-hour notification. Late arrivals to session will end at the regularly scheduled time and will be charged at the full fee.

Telephone accessibility: Telephone calls are for setting appointments or leaving short messages. I will make every effort to return calls as soon as possible should you need to speak with me. In the event that lengthy telephone contact is required or requested, you will be charged at the regular session rate.

Confidentiality:

- Therapy sessions are strictly confidential except under certain legally defined situations: threats of self-harm, threats of harm to another, situations involving child abuse, elder abuse, or abuse of dependent individuals. In instances of child abuse, elder abuse or dependent abuse, I am legally bound to report to the proper authorities. In the case of harm to others, I am required by law to inform the intended victim(s) and to notify the police. In the case of self-harm, the law allows me to take all reasonable steps to prevent suicide.

Financial Agreement and Authorization for treatment:

- Any outstanding debt may be placed in the hands of an agency or attorney for collection after a reasonable time. This will necessitate the release of pertinent demographic information as well as accounting information. No therapeutic information will be released.

I have read and fully understand the conditions and the responsibility of this agreement. I authorize treatment of the person(s) named above and agree to pay all fees & charges for such treatment at time of service unless other arrangements are agreed upon in writing.

Signed: _____ Date: _____

Signed: _____ Date: _____

Fee: $_____

Initials: _____