

# **CHANGWORKS FAMILY THERAPY**

**Susan M Pan L.C.S.W.**

## **Therapeutic Agreement For Services**

I look forward to working with you and want our relationship to be productive and satisfying for us both. The following information outlines my policies regarding fees and other administrative issues.

### **INITIAL ASSESSMENTS:**

The first one to three sessions are considered intake sessions. We will get to know each other and exchange information. This will determine the course of your future treatment. Together we will agree on what you want to accomplish and we will develop an appropriate course of action. Periodically, we will review these objectives to determine if the therapy is productive. If necessary, you may be referred to other professionals.

### **FEE:**

The fee for my 55 minute session is \$180.00. Longer or shorter sessions are prorated from this basic fee. The fee structure may be reassessed periodically.

### **MISSED APPOINTMENTS:**

If you are unable to keep an appointment, I require a minimum of 24 hour notice. You may leave a message on my voicemail or speak to me directly. If an appointment is cancelled or missed without 24 hour notice, you will be billed for the session. In this event, the bill will reflect a late cancellation and not a clinical session.

**PAYMENT AND THIRD PARTY REIMBURSEMENT:**

Payment is due upon service rendered. I accept cash, check and credit card payments. It is my policy not to let outstanding bills exceed \$300.00 without payment. I do not accept insurance for direct insurance assignments. I will provide a receipt for services that contain the information your insurance company requires. I will complete forms that are requested by your insurance provider once you have signed a release of information authorizing me to provide relevant and necessary information regarding your treatment. Please note that diagnostic and clinical information that released will become part of the insurance company's records. Each company has its own procedures for handling and storing this information. There is unfortunately, no assurance that I can make that it will be handled with proper discretion.

**TELEPHONE CONSULTATION:**

Brief telephone contacts lasting less than 10 minutes and calls relating to scheduling issues will not be billed. I will be available to speak with family and friends at your request after you have signed a release of information. The standard fee will be charged for telephone conversations on a prorated basis.

I understand and accept the terms of this agreement.

\_\_\_\_\_ Client name (print)      Date: \_\_\_\_\_

\_\_\_\_\_ Client signature      Date: \_\_\_\_\_

\_\_\_\_\_ Therapist      Date: \_\_\_\_\_

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