

Robin M. Kevles-Necowitz, M. ED., LPC

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OFFICE POLICIES AND CONSENT TO TREAT FORM

- 1) Federal laws of confidentiality prohibit therapists from disclosing client information to anyone. This includes parents if the client is above age 14. Therefore, written permission from the client must be obtained if any client information is to be disclosed.
- 2) Payment is expected the day of each session. Your therapist will give you a receipt to submit to your insurance company for reimbursement at your request. It is the client's responsibility to find out if psychotherapy services are a covered expense and what restrictions may apply. If utilizing Telehealth, please mail or Venmo payment prior to session. Venmo is @Robin-KevlesNecowitz
- 3) **If you are unable to keep an appointment, 48 hours notice must be given. If you are unable to give 48 hours notice, regardless of reason, you will be charged for the therapy hour. You are paying for the reserved time.**
- 4) It is helpful to know, as a consumer of therapy, that to get the most out of this experience, you must come consistently. Once you decide on a schedule, it is important to commit to that schedule as much as possible. While it may be necessary to cancel appointments occasionally, frequent cancellations will disrupt progress toward meeting your therapeutic goals.
- 5) The therapy hour is 50 minutes. This usually begins on the hour and ends at 10 minutes before the hour. Calls between sessions occur on an emergency basis only. Please use text or email to schedule, cancel or reschedule an appointment.

I have read, understand and agree to the above and have had the opportunity to ask questions. I am voluntarily consenting to enter therapy and agree to fully participate. I understand that at times I may have negative feelings toward therapy and/or the therapist and that this is a natural experience in therapy. I agree to share and process these feelings with my therapist as they come up. I understand that I can withdraw from therapy/Parenting Coaching at any time.

Client(s) Signature

Date

Witness/Therapist Signature

Date