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CLIENT/THERAPIST AGREEMENT

The therapy relationship is a collaborative one. You and I will establish goals together, and it is my role to help you work to accomplish them. In order to facilitate our work, there are a number of policies and procedures that need to be followed. They are outlined below.

PROFESSIONAL FEES

My fee is \$250 per standard 50-minute session. Extended or double sessions, when scheduled, are pro-rated. I accept checks, cash, or Chase Quickpay (credit card payment is available for an additional convenience charge); payment is due at the time of the treatment session. Any checks returned to my office are subject to an additional fee to cover the bank fee that I incur. Clients with an outstanding balance will not be seen until the balance has been settled.

CANCELLATION POLICY

Your appointment time is held exclusively for you. If you need to cancel or reschedule a session, 24 hours' notice is required. If you miss a session without canceling, or cancel with less than 24 hours' notice, my policy is to collect the full session fee. Fees for cancellations due to medical and other emergencies may be waived at my discretion. In addition, you are responsible for coming to your session on time; if you are late, your appointment will still need to end on time.

PHONE CALLS, EMAILS, AND TEXTS

I provide my clients with my phone number and email address. I am often not immediately available; I will get back to you as soon as possible, but it may take a day or two for non-urgent matters. Text messages may be used for scheduling purposes. If I will be away or otherwise unavailable for an extended period of time, I will inform all current clients of my absence in advance. If you are in a life-threatening or other emergency situation, always call 911.

CONFIDENTIALITY

The content of all professional interactions in my practice will be held in confidence by myself and my office (including any office staff and clinical consultants) unless you waive this confidence in writing. Please note, however, that confidential information can be subpoenaed by court order. Additionally, information concerning suspicions of current child or elder abuse or neglect, physical violence, or threats of harm to self or others is *required by law* to be reported to the designated authorities. Therefore, this kind of information can not be kept confidential.

I have read, understand, and agree to the information on this form.

Signature _____ **Date** _____

Client (and Parent/Guardian, if client is a minor)