

# Lynne E. Dulken, LCSW

## CLIENT CONTRACT

1. I understand that a standard therapy session is fifty minutes and that it is my responsibility to arrive on time.
2. I agree to pay \$165.00 for each 50-minute session at the time of my appointment unless other arrangements have been made prior to that session. I understand that I am responsible for the full payment of this fee regardless of insurance payment. Longer sessions will be prorated at the same rate.
3. I understand that telephone consultations that require more than five minutes will be prorated and billed at the regular rate of \$165.00 per 50 minutes.
4. ***I understand that there is a 24-hour cancellation policy and that I am responsible for full payment for the amount of time reserved for any appointment which is not cancelled at least 24 hours (one full business day) in advance. Sunday or Monday appointments must be cancelled by 5:00 pm on the preceding Thursday to avoid being charged for the time reserved. I am aware that insurance does not reimburse for missed appointments.***
5. I understand that failure to pay any fees due within 30 days will result in an additional \$25.00 late fee per month that will be added to my bill and that there is a \$25.00 service charge on all returned checks. I authorize use of my credit card for checks returned for insufficient funds, for non-payment of fees for services provided, and/or appointments that are not cancelled in advance as outlined above.
6. I am aware that information shared by me in sessions is confidential, except in the cases of harm, or threat of harm, to myself or others, or as required by court order.

By signing this consent, I acknowledge that I have read the above policies and have had the opportunity to ask any questions regarding them. I understand and agree to abide by the preceding terms for therapy.

I have read the *Notice of Privacy Practices* regarding the Protected Health Information (PHI) law.

*We are glad to take credit cards. However, due to added costs, a 3% charge will be added to the total if you choose this option.*

MasterCard/Visa #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Exact Name on Card: \_\_\_\_\_  
(Please print)

Security Code: \_\_\_\_\_ (3 digits on back of card)

Signature: \_\_\_\_\_

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