



Associates for Counseling and Educational Services L.L.C.

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Important Highlights of our Policies and Procedures

- You are responsible for making a full, honest effort in the therapy and for communicating accurate and full information to the therapist.
- Therapy sessions are generally 45 minutes, unless otherwise specified.
- Payment is expected at the time of service. 24 hours cancellation notice is required. (5pm on Saturday for Monday appointments)
- You are expected to pay for late canceled or missed appointments. Insurance companies usually do not reimburse for these.
- Other services, besides therapy appointments, are charged differently and an additional agreement is required for these services.
- There are certain situations in which we might have to release information without your consent.
- We keep Protected Health Information about you in two separate records; clinical and psychotherapy notes.
- Psychotherapy notes are not available to you or anyone else.
- Children 14 years and older, generally control their own records.
- Your signature below indicates your consent to treatment.

You will be notified of any changes to this agreement.

I have received the Psychotherapist-Patient Agreement and Notice of Privacy Practices.

Client's Signature and Printed Name **Date**

Parent / Guardian's Signature and Printed Name **Date**
(if client under 14 years of age)

Parent / Guardian's Signature and Printed Name **Date**
(if client under 14 years of age)