

REBECCA SMITH-WOODY, LPC.
CLIENT - THERAPIST AGREEMENT

Name: _____ DOB _____

Address: _____

The process of psychotherapy is an active one that involves both the client and the therapist. The following policies are identified so that you can make the best use of your therapy sessions.

SCHEDULING

Unless otherwise specified, each therapy session is 50 minutes in length. If you need to reschedule or cancel a session a minimum notice of 24 hours prior to the appointment is required. A late cancelation will be charged the regular fee.

FEE STRUCTURE AND PAYMENT POLICY

Unless otherwise specified, my fee is \$140.00 per session for individual, joint and family therapy. Eighty five minute individual, joint and family sessions are \$200.00. Family Constellations are \$350 (Includes, initial consultaion, 2 hour constellation and 30 min. follow up integration session.) Please make payment at the time of service through Venmo Rebecca-Smith-Woody or Pay pal: rsmithwoody@gmail.com

COMMUNICATION

I will return phone calls as promptly as possible, usually within 24 hours. If you experience an emergency that requires immediate mental health attention, please call 911 or check into any hospital emergency room. Email and text message communication may be used for scheduling appointments. If I haven't responded within 24 hours, please check my voice mail to determine my availability as I may be out of the office.

OFFICE LOCATIONS AND HOURS

Telehealth - zoom sessions

8471 Turnpike Dr. Suite 110 , Westminster - Wed. 9am to 7pm.

I have read the above policies and agree to adhere to them.

Client Date _____

Client Date _____

