

OFFICE PROCEDURES

RUTH MEINKING, MA, LPC

The following information is to acquaint you with my office procedures. Policy statements are helpful in clarifying expectations and to prevent misunderstandings. If you have any questions, please feel free to ask.

Each client is expected to pay for therapy services at the end of each session. Please ask if you want a receipt.

My full fee for one hour's counseling session is \$100.00. Based on whether or not you have insurance, your fee will be _____. Please give me a call in advance if you need to reschedule your appointment. If I don't hear from you and you do not show up for the appointment, there will be a \$30.00 charge. Telephone sessions exceeding ten minutes will be charged at your normal rate.

You will not be charged for cancellations due to weather.

Client Signature

Date

Therapist Signature

Date