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Counseling Agreement and Cancellation Policy

I need a minimum of **48 hours (~2 days)** notice of cancellation or rescheduling. However, if you should know before the required 2 days that you will not be able to attend our session, PLEASE, PLEASE let me know so that I have time to fill your slot and can put another client in your space that may need it. The more time the better for me and my other clients who are in need. Thank you in advance for your consideration in this matter.

You will be charged a \$50.00 fee if less than 48 hours' notice is given (even if the cancellation is work-related and even if you reschedule the appointment). Cancellation fees are due within seven days unless other agreements have been made.

IF YOU CANCEL ON THE ACTUAL DAY OF THE APPOINTMENT, WHICH WOULD PRECLUDE MY BEING ABLE TO FILL YOUR SLOT, YOU WILL BE RESPONSIBLE FOR THE ENTIRE FEE.

The only exception to this cancellation policy is if there is an emergency. Some examples of emergencies are car accidents, deaths in the family or extreme illness. **Work issues do not constitute emergencies.** This cancellation policy also applies even if missing the appointment was an unintentional act. In the event of snowstorms or prohibitive weather, we can conduct the session on the phone (individual counseling). If both parties in a couple cannot attend, consider having one come alone instead of cancelling altogether and wasting the slot. Phone or skype sessions are paid up front in advance of the session.

If your account is overdue (unpaid) and there is no written agreement regarding a payment plan, legal or other means (courts, collection agencies, etc.) can be used to obtain payment.

CONFIDENTIALITY:

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law. Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled or when client's family members communicate to me that the client presents a danger to others. See Privacy Policy in my document vault on the About Susan page of my website.

Payment is due at the time of service. We will leave a few minutes **before** the end of the allotted time to wrap up, take care of finances and set up another appointment. Ending sessions on time is very important to me and anyone waiting. Please help me with that.

I will usually recommend a particular frequency of visits to optimize the potency of our work together. If you choose to, or must, attend less often than I recommend, please know the effectiveness might be slightly compromised. Remember: the more you put into the counseling, the more you will get out of it!

Do you check texts more often than email or phone messages? Let's communicate that way then! Feel free to text me at 508-524-4859. **This number is to be used for texting only.** Identify yourself the first time you text me. If you want to actually speak with me or leave a message, call my office line at 508-545-1955.

You are free to use email for the purposes of changing or making appointments. Please know that if I offer you an appointment by email or text, I do not hold that slot for you so if you want it, inform me quickly.

I have read and agree to the policies above.

Signed: _____ Printed Name: _____

Work # _____ Cell # _____ Home # _____

Home address _____

Email _____ Can we use text as a means of communication? Yes / No

Date _____

If couples therapy, both clients must give this information.

Signed #2 (if a couple): _____ Printed Name: _____

Work # _____ Cell # _____ Home # _____

Home address _____

Email _____ Can we use text as a means of communication? Yes / No

Date _____