Kimberly Shannon, M.A.
Marriage & Family Therapist

CLIENT POLICY LETTER

CLIENT'S INFORMED CONSENT: I am choosing to receive counseling services from Kimberly Shannon, M.A., L.M.F.T. I understand that the named counselor is an individual practitioner engaging in a private practice business. My choice is voluntary and I understand that I may terminate therapy at any time. I understand that there is no assurance that I will feel better. Because psychotherapy is a cooperative effort between the therapist and myself, I will work with the therapist in a cooperative manner to resolve my issues. I understand that during the course of my psychotherapy, material may be discussed which will be upsetting in nature and that this may be necessary to help me resolve my issues.

CONSULTATION: I understand that my counselor may seek consultation with another licensed professional to provide me with and assure the best possible treatment.

CONFIDENTIALITY: All information between the therapist and client is held strictly confidential unless: 1) The client authorizes release of information with a signature; 2) The counselor is ordered by a court to release information; 3) The client presents a physical danger to self or others; or 4) Child, Spousal or Elderly abuse/neglect are suspected. In the two latter cases, I am required by law to inform potential victims and legal authorities so that protective measures can be taken.

FEES: The fee is $185 per 45-50 minute session. I understand that I am responsible to pay session fees prior to every session and that any insurance I have will be billed according to the insurance policy listed in this document. Special financial arrangements will be determined during the first session, thereafter upon request. Payments are to be made in cash, by check or credit card. Checks returned by the bank will result in a $25.00 processing fee.

COURT FEES: The fee for Court appearances is $250 per hour for a four hour minimum. Any fees above and beyond appearance fees will be billed at an hourly rate of $250. All fees are payable prior to Court.

INSURANCE: Kimberly Shannon's office will bill my insurance, as a courtesy, on or about the first of each month. Insurance reimbursement should be made to me (the client) unless I make arrangements with Kimberly Shannon otherwise. I will keep track of insurance payments for my records. Any questions regarding insurance payments should be reviewed with my carrier.

CANCELLATIONS: If for any reason I need to cancel an appointment, I will call at least 48 business hours(Monday through Friday only; no weekend cancellations will be considered) in advance. If adequate notice is not given, I will be charged for the session.

INFORMATION: Concerns and questions will be addressed by telephoning 408-776-1009.

I have read the foregoing, understand its content and agree to the conditions stipulated herein.

_____ _____

Printed Name Signature

_____ _____

Therapist Date

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