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PSYCHOTHERAPY PRACTICE POLICY STATEMENT AND AGREEMENT

Welcome to my practice! This document contains important information about my professional services and business policies. Please read it carefully and discuss any questions you may have with me. This document will represent an agreement between us. Please make a copy for your records.

CANCELLATIONS AND MISSED APPOINTMENTS

The appointment we schedule is your financial responsibility. I have a 24 hour cancellation policy. In order to reschedule a cancelled session you must give me a minimum of 24 hours notice, otherwise you are responsible for the full session fee. Sessions are 45 minutes; if you are late or need to stop early, those minutes are lost. Those 45 minutes are your allotted time and is not pro-rated.

PROFESSIONAL FEES

My fee is \$250 per 45 minute session. I do raise my fees periodically. When my fees change I will notify you in advance.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held unless we make other arrangements. I accept payment via cash, check or credit/debit card.

TELEPHONE AND EMERGENCY PROCEDURES

If you need to contact me between sessions you may leave a message on my voicemail. Please leave me your telephone number. If an emergency arises, please indicate this clearly in your message and if necessary call 911.

You may also send me an email or a text. Please be aware that email and text are not confidential forms of communication.

CONFIDENTIALITY

Your sessions with me are confidential. With the exceptions outlined below, your identity will be kept private. The information we discuss may be shared in a confidential manner under the following circumstances:

- As part of my standard of care, I regularly seek consultation with qualified mental health professionals. If I seek consultation about your treatment, your identifying information will remain confidential.
- New York State law requires that the following exceptions be made to your right to confidentiality: a) child abuse or neglect, b) abuse of an elder or disabled individual, c) a threat to the life of another person, d) you are in imminent danger of harming yourself.
- If you become involved in legal disputes, the court can subpoena your records. In such cases, you and I will discuss how to proceed.

PLEASE SIGN AND DATE THIS AGREEMENT

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

Signature _____

Date _____