Jacqueline Small, LCSW
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La Mesa, CA 91942
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Counseling Fee, Scheduling, And Cancellation Agreement

I agree to pay a fee of $_____ per individual/couple/family counseling session

I agree to pay a fee of $_____ per group session

I understand that payment is due at the time of each counseling or group session. Payment must be in the form of cash or check (please make checks payable to Jacqueline Small). I understand that I will need to reschedule a session if I cannot make payment at the scheduled appointment time.

Cancellations or reschedules must be made a minimum of 24 hours in advance of scheduled appointment or payment is due in full. If I miss or cancel two consecutive appointments without giving 24 hours notice or making a payment, I understand that I will not be able to schedule another appointment until the balance is paid. In addition, my therapist and I will need to discuss if a referral for counseling elsewhere is needed, or if it would be best to resume treatment when I am able to make my scheduled appointments. I understand that if I arrive more than 15minutes late to any appointment, I will be responsible to pay the entire amount of the session fee and the session will need to be rescheduled.

My therapist will attempt to give me at least one week's notice of his/her planned absences. During my therapist's planned absence s/he will work with me to develop a plan to meet my needs. When advance notice is not available, my therapist or another staff member will contact me to make a plan to meet my needs.

I understand that my therapist is not available on an on-call basis. If I am unable to reach my therapist during a time of crisis, I may contact the Access and Crisis Line at 1-888-724-7240.

My signature indicates that I have read the Counseling Fee, Scheduling, and Cancellation Agreement in its entirety, that I understand my responsibilities and have discussed any questions or concerns I have regarding this agreement with my therapist.

Client Signature:_____ Date: _____/_____/_____

Therapist Name:_____ Signature:_____