



Lauren H. Kerstein LCSW, P.C.
Child and Family Psychotherapist

CLIENT AGREEMENT

Thank you for choosing to receive psychotherapy services with me. I look forward to working with you and getting to know you better. Please read the information below, initial where appropriate, and sign at the bottom.

CANCELLATIONS

Unless 24- hours or more notice is given, it is very difficult for me to schedule another person in your appointment slot. As a result, 24- hours notice of a cancellation is required or I will charge you the full fee of \$130. I understand that emergency situations arise such as a sudden illness, car accident or family death; and, in such situations, an exception to the 24- hour cancellation policy will be made.

EMERGENCIES

I do not carry a pager. I also do not have the same access as clinicians in an agency setting. Therefore, in the case of an emergency situation in which there is an imminent concern regarding life and death, please call 911. In the case of any other clinical emergency, please call (303) 284-3603 and leave a message on my voice mail. I generally check voice mail several times per day and will try to return your call regarding a clinical emergency the day the message is received. If at any time we decide your needs have intensified, and you require someone who is available 24- hours per day, I will refer you to an appropriate clinician.

PAYMENT

Sessions are typically 50 minutes in length. **Payment of \$130.00 is required in full at the beginning of the session.** If needed, please ask for a payment plan or other arrangement. I will send an invoice to you each month that includes the information you will need to submit to your insurance. Please check with your insurance company ahead of time to see if they need any special information on the invoice.

COURT RELATED MATTERS

I understand that my counselor will not willingly testify in any court proceeding as this role, more often than not, jeopardizes the therapeutic relationship. However, if required by law to appear and/or testify, I understand that I will be charged \$200.00 per hour for time spent in activities preparing for a courtroom appearance. I also understand that I will be charged \$800 per courtroom appearance – regardless of the time spent in the courtroom and regardless of whether my counselor is able to testify that day or not. Payment for courtroom appearance will be required prior to my counselor’s appearance in court.

_____ Initial here

I understand and agree to all of the policies listed above, and to meet all financial obligations.

Signature of Client or Legal Guardian: _____ Date: _____

Print Name: _____

Address: _____