



Ventura Community Counseling

build a healthy relationship with the heart and mind

Fee Agreement and Cancellation Policy

Fee:

The fee that my therapist and I have agreed upon is ___Cigna Health Insurance_____.

Payment for services are due the day of each session. I understand that payment can be in the form of cash, check (made payable to Ventura Community Counseling), or credit card. My therapist may provide me with a receipt indicating payment, upon my request. My therapist reserves the right to periodically adjust this fee. I will be notified of any fee adjustment in advance.

From time-to-time, my therapist may engage in telephone contact with me for purposes other than scheduling sessions. I am responsible for payment of the agreed upon fee (on a pro rate basis) for any telephone calls longer than ten minutes. In addition, from time-to-time, Therapist may engage in telephone contact with third parties at my request and with my advance written authorization. I may be held responsible for payment of the agreed upon fee (on a pro rate basis) for any telephone calls longer than ten minutes.

Cancellation Policy:

I am responsible for payment of the agreed upon fee for any missed session(s). I am also responsible for payment of the agreed upon fee for any session(s) for which I fail to give at least *24 hours notice of cancellation*. Cancellation notice should be left at therapist's voice mail. Otherwise, the full session fee will be charged.

Therapist Availability:

The confidential voice mail allows me to leave a message at any time by calling the number provided to me by my therapist. Therapist will make every effort to return calls within 24 hours (or by the next business day, but cannot guarantee the calls will be returned immediately.) Therapist is unable to provide 24-hour crisis service. In the event that I am feeling unsafe or require immediate medical or psychiatric assistance, I should call 911, or go to the nearest emergency room.

Ventura Community Counseling

260 Maple Court, Suite 228, Ventura, CA 93003

www.VenturaCommunityCounseling.com

805-791-9700

Termination of Therapy:

Therapist reserves the right to terminate therapy at his/her discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, and failure to participate in therapy, my needs are outside of Therapist's scope of competence or practice, or I am not making adequate progress in therapy.

I have the right to terminate therapy at my discretion. Upon either party's decision to terminate therapy, Therapist will generally recommend that I participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive termination experience and give both parties an opportunity for reflection. Therapist will also attempt to ensure a smooth transition to another therapist by offering referrals.

Acknowledgment:

By signing below, I acknowledge that I have reviewed and fully understand the terms and conditions of this Agreement. I have discussed these terms and conditions with Therapist, and have had questions answered to my satisfaction. I agree to abide by the terms and conditions of this Agreement. Moreover, I agree to hold Ventura Community Counseling and Therapist and any Clinical Supervisors involved free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

I have read the above terms and conditions and understand them.

Signature _____ Date _____