

**ERIN MASON, LCSW**  
Licensed Clinical Social Worker

**CLIENT AGREEMENT**

The therapeutic relationship is extremely important, and clarity of expectations is critical. Our partnership provides the opportunity for exploration, evolution, and self-discovery through a supportive and nurturing atmosphere. However, at times you may find this process especially challenging. For this reason, it is imperative that we agree to maintain open and honest communication as much as possible. Please know that I am dedicated to providing quality service to every client in a safe, respectful, and confidential environment.

**Insurance:** If you are covered by health insurance, please be aware that your policy is a contract between you and your insurance company. I will provide you with a statement to submit for reimbursement. Simply attach it to your claim form and send it to your insurance company. If your claim is rejected for any reason, you are entitled to an explanation, but it does not relieve you of your financial obligation for the services you've received.

**Cancellations:** Consistent attendance of sessions is an important part of the therapeutic process. Once an appointment has been scheduled, you will be charged the entire amount of the session. If you must cancel an appointment, please do so at least 24 hours in advance. Any cancellations without 24 hour notice will result in a fee of \$90 for the missed appointment. Please inform me of any change in schedule as early as possible.

**Payment:** Payment is due in full at each session, and must be paid by cash or check. Checks returned by the bank are subject to an additional \$25 service charge.

**Confidentiality:** Information and content of our sessions are kept confidential (includes clients who are minors). The exception to confidentiality is as follows:

- When a client communicates threat of bodily harm to self or an identifiable other person.
- When there is reasonable suspicion that child abuse or elder abuse has occurred or will occur.
- When information is required by law or ordered by court.

*At times, client cases are presented during consultation with colleagues or for educational purposes, however **identifying information is never disclosed.***

**Contacting your therapist:** Please be assured that I value your trust in our work together and have the highest respect for the therapeutic relationship. I make every effort to respond to your needs in a timely manner. You may contact me via voicemail, text message, or email, and I will respond within 24 hours or the next business day.

Thank you for your attention to these matters, and I look forward to working with you.

*I have read, understood, and agreed to the policies stated above. I have clarified any questions before signing this consent.*

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Client Signature

Spouse, Parent, or Responsible Person Signature

Psychotherapist

Date