

Cate Richardson-Henley, LCSW-R
P.O. Box 36
Milford, NY 13807
Phone: (607) 441-3088
Fax:(607) 441-3091
Email: crh@phonecounselingservices.com

Treatment Contract

- 1) I am a NY state resident.
- 2) I agree to pay \$160 for my initial appt., as this will entail an evaluation, and \$130 for each subsequent session. All payments are to be made by credit card at the beginning of my appointment and must be authorized prior to my appointment. I understand that Cate Richardson-Henley does not accept any insurance reimbursement.
- 3) Should there be any paperwork required by any entity, eg. Social Security, my psychiatric provider, etc., I agree to pay \$100/hour for any copying, scanning, faxing or completion of forms or preparation of letters requested by my provider.
- 4) Regarding missed appointments: there will be an \$80 fee for any missed appointment with less than 24 hours notice. I understand that messages left on the answering machine the night before will be considered a missed appointment. If you have an emergency, eg. Sudden onset of debilitating illness, death of a loved one, you will not be charged a fee. Please note that “work emergencies” can be avoided and are therefore not considered emergent situations by this practice (you can discuss this further with Cate).
- 5) I have received and reviewed the “Notice of Privacy Practices/HIPAA” document.
- 6) I am aware that this practice does not respond to emergency calls. If I am experiencing a life-threatening emergency, I should either call 911 or have a family member or close friend take me to the nearest local emergency room.
- 7) If I need to speak with Cate in between sessions regarding an urgent matter and it is after normal business hours, I need to call the office number and follow directions re. How to reach Cate after hours.

Name _____ Date _____