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## **CONSENT FOR TREATMENT**

### **Agreement to Policies**

#### **Appointments**

Individual weekly standing appointments are available. Appointments are 50 minutes in length unless scheduled otherwise.

Group appointments are considered to be standing weekly appointments. They are 90 minutes in length.

Twenty-four-hour cancellation notification is required. If later than that, client will be billed for the service they missed.

Lateness: Please be on time. There is strict adherence to the 50-minute clinical hour.

#### **Contact Information**

My cell phone number is 951)917-4001. Leave a voice mail and if requested, I will return your call. By signing below, YOU are agreeing to allow me to contact you at: Cell phone: \_\_\_\_\_  
and/or to send you a letter at: \_\_\_\_\_

#### **Crises**

If you are encountering a crisis, please call 911, suicide prevention (800) 273-8255 or take yourself to the nearest emergency department. Hospital visits are billed at an hourly rate plus travel time and related expenses.

#### **Insurance**

Please refer to rates and billing policies guidelines. Payment is due via cash, check or credit card at the beginning of each session.

## Closure

The object of therapy is not to keep clients in it forever. When one or both of us determine that your goals have been met it is helpful to have closure so we can review accomplishments. Plan to attend one review and future planning session before we dissolve our therapeutic relationship.

The undersigned has read, understood and accepts the above policies and has received a copy of same.

The undersigned acknowledges the receipt of the rate for treatment information.

Client/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_