

**Maria Klette-Ketchum**  
**LCSW, ACSW, MSW, BCD, CCCJS-MAC, SAP**

Client information

The therapeutic relationship is a personal relationship that requires trust, commitment and hard work on both the clients and the therapist's part. It is also however a contractual relationship that involves financial obligation on your part.

Fees are established during the course of your first visit. Payment in full or your co-payment is expected at the end of each session unless other arrangements have been made with this therapist. Payment is to be made directly to this therapist. If you are utilizing insurance to fulfill your contractual obligation I will be glad to assist you by billing them directly for the balance of your fee or provide you with an itemized bill once you have provided me with the appropriate forms, identification numbers and signatures. However, **please remember that the final obligation for payment lies with you regardless of insurance coverage.**

Therapeutic sessions generally run from 45-50 minutes each. However, at times this may need to be adjusted and fees will be adjusted accordingly. Prolonged telephone conferences will be charged \$20 per 15-minute increments. Charges for extensive paperwork/reports will vary according to purpose and content. Court appearances will be charged \$500/hr, including travel time.

All therapeutic sessions are confidential and require your written permission before your protected health information can be released to anyone, except under special circumstances (as detailed in Notice of Privacy Practices) including:

1. Anyone under the age of 18 reports being physically, sexually or emotionally abused. As a mandatory reporter social workers are required to report any suspicion of abuse to the legal authorities, including the Office of Community Service.
2. The client indicates suicidal or homicidal intent.
3. Your records or the therapist is subpoenaed. Every attempt will be made to contact you to obtain your release prior to releasing the information.

Appointments are to be made directly with the therapist. **Appointments that are not cancelled at least 24 hours in advance will be charged full fee.** The full fee payment for the missed or late cancelled session is to be made in cash or by check by the following session. **You, not your insurance company, will be responsible for the full fee payment of the missed or late cancelled session.** Cancellation messages can be left, at any time, at (985) 646-2831.

I have read the above information and do hereby agree to its contents.

\_\_\_\_\_  
Client/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist