Fee Agreement

HOURS: Normal business hours are Monday through Friday 8:00am-5:00pm. You are welcome to message in between sessions via text or email, but please allow 24 hours to respond. My telephone number is (209) 485-1272.

EMERGENCIES: If you have an emergency situation, please dial 911 or go to the nearest hospital emergency room.

FEES: $75 per 45-minute therapy session. As all services provided are private pay, insurance companies will not be billed. Information regarding additional fees such as report preparation, consultation, or court appearances are available upon request.

CANCELLATIONS AND/OR FAILED APPOINTMENTS: If you are unable to keep a scheduled appointment, please notify the therapist at least 24 hours before your appointment time. Unforeseen emergency situations will be taken into consideration. This, however, does not apply to failed appointments for which you will be charged a $50 cancellation fee. A failed appointment is considered to be: canceling on short notice (less than 4 hours prior to your scheduled appointment time), appearing too late to be seen for your appointment (more than 15 minutes past your scheduled time without communication prior to the appointment), or failing to be available for your appointment at all.

PAYMENTS: Full payment for each session is expected at the time of service. Acceptable forms of payment are Venmo @Lisa-Amarant-1 and Zelle. Failure to make regular payments will result in termination of therapy services.

CONFIDENTIALITY AND PERMISSION TO RELEASE INFORMATION: Information you provide during therapy is confidential except where disclosure is required by law. These exceptions, usually involving a threat of harm to self or others, will be identified should such situations arise.

TERMINATION: The therapist reserves the right to terminate and/or transfer a client at any time, per their discretion, based on reasons including but not limited to attendance, lack of payment, or failure to comply with treatment(s).

I have read and agree to pay for all services rendered, including any late cancellation/no-show fees, as outlined in the Fee Agreement.

_____ (Printed Name)

_____ (Signature)

_____ (Date)