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PRACTICE PROCEDURES – PLEASE READ AND SIGN

Please take a few minutes to read about how this practice functions in order to best assist you. The client information form is designed to provide your psychotherapist with some initial information that will help to facilitate the process of getting to know you and your concerns. Try to answer all questions as best you can.

During your first session, you and your therapist will, together, arrive at an agreement regarding the focus of your therapy, the frequency and time of sessions and the length of time you will work before evaluating the effectiveness of your work. It is important that you understand and feel comfortable with all strategies and interventions. You will be encouraged to ask questions and discuss the therapy process with your therapist. Every effort will be made to make sure that you experience the process as mutual and empowering.

The cost of the services will be discussed with you during your first session. Sessions will last approximately 50 minutes. You will be expected to pay the full fee at each session by personal check, bank check or electronic transfer via Zelle. Payments will be applied to the last unpaid sessions. Future sessions will not be scheduled if an outstanding balance exists. Phone sessions will be billed, however there is no charge for telephone calls that are brief, regarding scheduling or a quick change of information and less than 10 minutes. It is your responsibility to work with your insurance company regarding reimbursement. Receipts with all information necessary for insurance reimbursements will be provided upon payment.

A notification of 24 hours is required for cancellation of a session. This allows your therapist to make your session available to someone who may need to schedule. You will be expected to pay for any sessions canceled with less than 24 hours' notice.

Termination of therapy is an important part of the therapeutic process. Please discuss this with your therapist. It is important to honor the ending process.

Therapeutic records and notes are available upon request.

This is a fee for service practice that does not participate with insurance providers and has opted out of Medicare.

I have read these office procedures. I understand them and agree to work within these parameters.

Name _____ Date _____