

Eveline Briedwell, LCSW
Independent Contractor
East Cascade Counseling Services
731 NW Franklin Ave.
Bend, OR 97701

Client Policy Statement

Appointments

Therapy sessions are scheduled by appointment. Your appointment times are reserved exclusively for you and cannot be changed on short notice. Missed appointments get in the way of progress in therapy. Missed appointments or those not canceled (or rescheduled) 24 hours in advance will be billed a cancellation (or no show) fee of \$65. It is important for you to know that insurance companies do not pay for missed appointments; therefore you are responsible for payment of the full fee.

Payment and Billing

We do bill most health insurance companies. It is your responsibility to review your health insurance policy for coverage and benefits (co-payment amounts and deductible information). Co-pays are due at the start of each session. Please have payments ready. It is important that you understand that you are still ultimately responsible for payment of all services received.

If you will be paying for services out of pocket payment in full is due at the start of each session. Other payment or fee arrangements must be made in advance and agreed upon.

If you are paying by check please make checks out to Eveline Briedwell, LCSW.

Termination

Multiple missed appointments or delinquent payments are grounds for the therapist to terminate future therapy sessions. It is important that you understand delinquent accounts will be sent to collections.

If you have any questions feel free to discuss them during our next appointment.

Payment arrangements: _____

Please initial the following:

_____ I have received and read a copy of Eveline Briedwell's Professional Disclosure Statement.

_____ I certify that I have read and understood the above statement, have had all questions answered, that I have received a copy, and that I agree to it's terms.

Client Signature: _____ Date: _____

If Client is a minor, Responsible Party Signature: _____ Date: _____

Therapist Signature: _____ Date: _____