

**William K. Galer, LMFT
Psychotherapy Services**

Payment Policy

I agree to pay fees at the time of service unless I have arranged a payment plan with the clinician. I understand treatment may be suspended until an outstanding balance is paid or an alternative payment plan is arranged if I do not pay for two consecutive sessions.

I agree to pay a \$25 service fee for insufficient funds (returned check), and thereafter to pay all services by cash or money order. Therapists do not have change for cash payments. When paying cash, I will pay the exact amount. If I overpay, I may establish credit toward the next session.

Fees are listed below and may be adjusted to reflect financial need:

- \$120 Individual Therapy Session- 1 hour
- \$120 Family or Couples Session- 1 hour
- \$250 Expert or witness testimony - per hour door to door
- \$45 Group Therapy Session- 1 hour per week as scheduled
- \$40 Report/Letter Request Writing- (\$40 per report/letter)

Cancellation of Sessions

I understand if I cancel an appointment less than 24 hours prior, I will be billed the full session fee. I agree to pay in full for all appointments canceled with less than 24 hours' notice unless it is a legitimate emergency to be decided by my therapist. There is no 24-hour emergency answering service. Therefore, non-emergency messages will be returned within 24 hours. In case of a true emergency, call 911. I understand that if I miss two or more appointments without cancelling 24 hours prior, the provider's duty and obligation to me is cancelled.

Consent for Email Correspondence

As you know, email correspondence poses the risk, not only of your email address being visible on the Internet, but also the content of your message and the possibility of a computer virus. Also, William cannot assure that your friends, family etc. are not reading the email correspondence you receive from my office, which is out of his control. Anti-virus software is maintained on all computers and in an effort to keep your information confidential.

Additionally, this is not a crisis-oriented method of communication do not use email in an emergency. If you experience an emergency after hours; call 911 immediately. Once the situation is stabilized, please contact me during working hours. Thank you for your understanding.

By signing below, I/We acknowledge and agree to the above treatment policies and procedures as a participant of William K. Galer, LMFT Psychotherapy services. For Couples, both Partners are required to sign.

Signature of Client/Parent or Legal Guardian

Date

Signature of Client/Parent or Legal Guardian

Date

Witness Signature

Date