

**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