



120 W Eastman St., Suite 305, Arlington Heights, IL 60004-5950

Information for Clients

This brochure answers some questions that clients often ask about therapy. I believe that our work will be most helpful to you when you have a clear idea of what we are trying to do. This document also contains important information about our professional services and business policies.

This brochure talks about the following:

- What will be the goals of therapy?
- What are my methods of treatment?
- How long might therapy take?
- What are the risks and benefits of therapy?
- How much do my services cost, and how do I handle money matters?
- What are some other important concerns?

After you read this brochure, we can talk together about how these issues apply to you. This brochure is yours to keep. Please read all of it. Mark any parts that are not clear to you. Write down any questions you have, so we can discuss them at our next meeting. When you have read and fully understood this brochure, I will ask you to sign it at the end. I will sign it as well and make a copy, so we each have one.

About Psychotherapy

I strongly believe that you should feel comfortable with the therapist you choose and hopeful about the therapy. When you feel this way, therapy is more likely to be most helpful to you. Let me describe how I see therapy.

I believe that the main catalyst for change is a strong therapeutic relationship built on warm acceptance, empathy, and trust. This collaborative relationship sets the foundation for personal growth and healing. Positive and empowering interventions are selected from a broad range of therapeutic approaches and tailored to address each client's unique life circumstances, presenting issues, and goals. I use an integrative and strength-based approach to help clients gain insight into their areas of struggle, acquire social skills essential to establishing and maintaining meaningful interpersonal relationships, and develop more effective coping strategies to navigate the complexities of life.

I usually take notes during our meetings. You may find it useful to take your own notes, to remember important points or the steps you plan to take. You may also wish to take notes outside the office.

By the end of our first or second session, I will tell you how I see your case at this point and how I think we should proceed. I view therapy as a partnership between us. You define the problem areas to be worked on; I use my specialized knowledge to help you make the changes you want to make. Psychotherapy is not like visiting a medical doctor for a shot. It requires your very active involvement. It requires your best efforts to change thoughts, feelings, and behaviors. For example, I will expect you to tell me about important experiences, what they meant to you, and what strong feelings were involved. This is one of the ways you are an active partner in therapy.

I expect us to plan our work together. In our treatment plan, we will list the areas to work on, our goals, the methods we will use, the time and money commitments we will make, and some other things.

I expect us to agree on a plan that we will both work hard to follow. From time to time, we will look together at our progress and goals. If we think we need to, we can then change our treatment plan, its goals, or its methods.

An important part of your therapy will be practicing new skills that you will learn in our sessions. I will ask you to practice outside our meetings, and we will work together to set up homework assignments for you as appropriate. I might ask you to do exercises, keep records, and read to deepen your understanding. You will probably have to work on relationships in your life and make long-term efforts to get the best results. These are important parts of personal change. Change will sometimes be easy and quick, but more often it will be slow and difficult and will need repetitions, and so you will need to keep trying. There are no instant, painless cures and no “magic pills” for changing well-learned habits. However, you *can* learn new ways of looking at your problems that will be very helpful for changing your feelings and reactions.

How Long Therapy Might Take

How often I see my clients is determined on a case by case basis. Sometimes I see a patient more frequently in the beginning and then taper off to less frequent visits as treatment progresses. Therapy can also come to an end for a variety of reasons. The process of ending therapy, called “termination,” can be a very valuable part of our work and well worth spending our time on. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet then for at least one more session, to review our work together. We will review our goals, the work we have done, any future work that needs to be done, and our options. If you would like to take a “time out” from therapy to try it on your own, we should discuss this. We can often design such a “time out” to be more helpful.

The Risks and Benefits of Therapy

During the initial evaluation or the course of therapy, you may remember unpleasant events, and experience considerable discomfort, such as strong feelings, anxiety, depression, and insomnia. I may challenge some of your assumptions or propose different ways of thinking about or handling situations. This may cause you to feel upset, angry, or disappointed. Attempting to resolve issues that brought you into therapy may result in changes that you did not originally intend. Psychotherapy may result in decisions to change behaviors, employment, substance use, schooling, housing, or relationships. Change can sometimes be quick and easy, but more often it can be gradual and even frustrating. There is no guarantee that psychotherapy will yield positive or intended results.

While you consider these risks, you should know also that many benefits of therapy have been shown by scientists in hundreds of well-designed research studies. Most clients will find their symptoms greatly lessened, will feel more confident and relaxed, and will improve their daily functioning. People who are depressed may find their mood lifting. Other clients may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are resolved. Clients’ relationships and coping skills can improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

I do not take on clients I do not think I can help. Therefore, I will enter our relationship with optimism about our progress.

Psychological assessment (with or without administering tests) can increase our understanding of your personality, psychological dynamics, intellectual and emotional resources, or other areas, and so it may help us design or improve your therapy. If this seems beneficial, I will discuss it with you and get your consent before proceeding.

Consultations

If you could benefit from a treatment I cannot provide, I will make the necessary referrals. You have a right to ask me about such other treatments, their risks, and their benefits. Based on what I learn about your problems, I may recommend a medical exam or use of medication. If I do this, I will fully discuss my reasons with you, so that you can decide what is best. If you are treated by another professional, I will coordinate my services with him or her and with your own medical doctor if you want me to.

What to Expect from Our Relationship

Psychological services are best provided in an atmosphere of trust. You expect me to be honest with you about your problems and progress. I expect you to be honest with me about your problems, your expectations for services, your compliance with medication, and any other barriers to treatment.

As a professional, I will use my best knowledge and skills to help you. This includes following the standards of the American Psychological Association, or APA. In your best interests, the APA puts limits on the relationship between a therapist and a client, and I will abide by these. Let me explain these limits, so you will understand that they don't apply just to you and me.

First, I am licensed and trained to practice psychology—not law, medicine, finance, or any other profession. I am not able to give you good advice from these other professional viewpoints. As a psychologist, I do not prescribe medications. If I believe that medication may be helpful for you, I will refer you to your primary care physician or a psychiatrist to be evaluated for the appropriateness of psychotropic medication to reduce symptoms. When medications are appropriate, I will work closely with your primary care physician or psychiatrist.

Second, state laws and the rules of the APA require me to keep what you tell me confidential (that is, just between us). You can trust me not to tell anyone else what you tell me, except in a few unusual situations. I explain what those are in the “About Confidentiality” section of this brochure. For example, I try not to reveal who are my clients. This is part of my effort to maintain your privacy. If we meet on the street or socially, I may not say hello or talk to you at all. I am not ignoring you; it is a way to maintain the confidentiality of our relationship.

Even though you might invite me, I will not attend your family gatherings, such as parties or weddings.

About Confidentiality

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private. That is why I ask you to sign a “release-of-records” form before I can talk about you or send my records about you to anyone else. In general, I will tell no one what you tell me. I will not even let anyone know that you are in treatment with me without your agreement.

In all but a few rare situations, your confidentiality (that is, the privacy of what you tell me) is protected by federal and state laws and by the rules of my profession. Here are the most likely situations where your confidentiality is *not* protected:

1. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable telling.
2. Are you suing someone or being sued? Are you charged with a crime? If so, and if you tell the court that you are seeing me, I may then be ordered to show the lawyers my records. Please talk to your lawyer about what to say to me.

3. If you make a serious threat to harm yourself or another person, the law requires me to try to protect you or that other person. I simply cannot promise never to tell others about threats you make.
4. As a mandated reporter, if I have reasonable cause to believe that a child, older adult, or other dependent person has been or will be abused or neglected, I am legally required to report this to the authorities.

As a therapist, my legal duty is to protect your confidentiality, but I also have a duty under the law to the wider community and to myself if there is harm, threat of harm, or threat of neglect.

Parents and/or guardians with legal custody can be told about their child's diagnoses, the counseling methods used and recommended, significant safety concerns, and the progress of treatment, either as needed or when requested.

There are two times when I might talk about you with another therapist. I ask you now to understand and agree to let me do this in these two times.

First, when I am away from the office for a few days, a trusted fellow therapist will be available to you in emergencies. He or she will need to know some things about your situation. Of course, this therapist has the same laws and rules as I do to protect your confidentiality.

Second, I sometimes talk with other therapists or other professionals about my clients, because it helps me to provide high-quality treatment. These professionals are also required to keep your information private. I maintain your privacy with them. I never tell them your name, I change or skip some facts about you, and I tell only what they need to know to understand your situation and help me.

We consult with colleagues and specialists about our ongoing work. This pursuit of quality assurance never involves your name or any specifics through which you might be identified.

If your records need to be seen by another professional, or anyone else, I will discuss this with you. If you agree to share these records, you will need to sign a release-of-information form. This form says exactly what information is to be shared, with whom, and why. You may read this form at any time. If you have questions, please ask me.

It may be beneficial for me to confer with your primary care physician with regard to your psychological treatment or to discuss any medical problems for which you are receiving treatment. In addition, Medicare requires that I notify your physician, by telephone or in writing, concerning services that are being provided by me unless you request that notification not be made.

It is my office policy to destroy clients' records 10 years after our last meeting. Until then, I will keep your case records in a safe place and make them available when you authorize their release.

If I must discontinue our relationship because of illness, disability, or other presently unforeseen circumstances, I ask you to agree to let me transfer your records to another clinician who will make sure they are kept safe, confidential, and available when you want them, and then destroy them someday.

If we do family or couple therapy (where there is more than one adult present), and you want to have my records of this therapy sent to anyone, all of the adults present will have to sign a release of information.

Some health insurance companies will ask for information on your symptoms, diagnoses, progress, and outcomes. My policy is to provide only as much information as the insurance company will need to pay your benefits. This information will become part of your permanent medical record. I will let you know whether a company has asked for this and what it has asked for. If the company does not get the information it asks for, it may refuse to pay your benefits for our treatment. Please understand that I have no control over how these records are handled once they leave my office. For more on these issues, please read my Notice of Privacy Practices.

You can review your own records in my files at any time. If you feel that an error has been made, you can write a letter explaining why you believe my record is in error and how you believe it should be corrected. Your letter will then become a part of my file. You can have copies of them (but you will have to assume the risks of loss of confidentiality when you receive and store your copies). If I believe that it might be in some way harmful for you to view your records, I may suggest that we review them together

or that I provide you with a summary of the records in place of the entire record. I ask you to understand and agree that you may not examine records created by anyone else that you have had sent to me.

In some very rare situations, I may temporarily remove parts of your records before you see them. This may happen if I believe that the information will be harmful to you, but I will discuss this with you.

You have the right to ask that your information not be shared with family members or others, and I can agree to that limitation. You can also tell me if you want me to send mail, or phone you at a more private location or number than, say, your home or workplace. If this is of concern to you, please tell me so that we can make arrangements.

About Our Appointments

I normally conduct an evaluation that will last from 2 to 3 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. The very first time I meet with you, we will need to give each other a lot of basic information. For this reason, I usually schedule 1-1.5 hours for this first meeting. Following this, we will usually meet for a 45-60 minute session once or twice a week, then less often. We can schedule meetings at times convenient for both of us.

Cancellations and No-Shows

I consider our meetings very important and make them a priority over other activities. I and ask you to do the same. An appointment is a commitment to our work. A cancelled appointment slows our progress, so please try not to miss sessions if you can possibly help it. Your session time is reserved for you.

We agree to meet at my office and to be on time. If I am ever unable to start on time, I ask your understanding and promise that you will receive the full time agreed to or be charged proportionately. If you are late, we will probably be unable to meet for the full time, because it is likely that I will have another appointment after yours.

I am rarely able to fill a cancelled session, so you will be charged a \$75 fee for sessions cancelled with less than 24 hours' notice, for other than the most serious reasons. Your insurance will not cover this charge and you will be responsible for the entire fee.

Fees, Payments, and Billing

Payment for services is an important part of any professional relationship. This is even more true in therapy; one treatment goal is to make relationships and the duties and obligations they involve clear.

You, the client, are responsible for paying all the charges for my services, regardless of payments from health insurance or any other sources.

My current regular fees are as follows. I reevaluate my fees each January, based on changes in the cost of running my business, and implement the change in April. You will be notified several months in advance of any changes. A discount for self-paying clients may be offered for payment in full at the time of billing.

Regular therapy services: For a session of 60 minutes, the fee is \$200. For a session of 45 minutes, the fee is \$150. For the initial session, the fee is \$250 due to the additional time and tasks that are required following the session (i.e. charting, goal writing, therapeutic formulation, etc.).

Please pay for each session at its start. For those using health insurance, you are expected to pay the co-pay, co-insurance, or your portion of the deductible at the time of services. I have found that this arrangement helps us stay focused on our goals and works best. It also allows me to keep my fees lower, because it cuts down on my bookkeeping costs. I suggest that you make out your check before each session begins, so that our time will be used fully. Other payment or fee arrangements must be

worked out before the end of our first meeting. I accept cash, checks, credit cards and health care spending cards in the office or by phone.

Telephone consultations: I believe that telephone consultations may be suitable or even needed at times in our therapy. Some insurers will pay for these services, but many will not. If so, I will charge you our regular fee, pro-rated over the time needed.

If I need to have telephone conferences with other professionals as part of your treatment, you will be billed for these at the same rate as for regular therapy services. We will discuss this in advance, so we can set rules that are comfortable for both of us. Of course, there is no charge for brief calls about appointments or similar business.

Extended sessions: Occasionally it may be better to go on with a session, if possible, than to stop or postpone work on a particular issue. This extension time will be charged on a pro-rated basis. It is also likely that your insurance will not pay for extra time, and so I will bill you.

Reports: I will not charge you for my time spent making routine and simple reports to your insurance company. However, I will have to bill you for any extra-long or complex reports the company might require. The company will not cover this fee.

Other services: Charges for other services, such as hospital visits, consultations with other therapists, home visits, or any court-related services (such as consultations with lawyers), will be based on the time involved in providing the service at my regular fee schedule. Some services may require payment in advance.

I realize that my fees involve a substantial amount of money, although they are well in line with similar professionals' charges. For you to get the best value for your money, we must work hard and well.

I will assume that our agreed-upon financial arrangements will continue as long as I provide services to you. I will assume this until you tell me in person, by telephone, or by certified mail that you wish to end it. You have a responsibility to pay for any services you receive before we end the relationship.

Because I expect full payment at the time of our meetings, I usually do not send bills. However, if we have agreed that I will bill you, I ask that the bill be paid within 10 days of the billing date. If your insurance company does not pay us within a reasonable period of 60 days, I will expect you to pay the full amount and wait for your insurance company to reimburse you. Of course, if I receive a payment from the company after you have paid me, I will refund your overpayments.

If there is any problem with my charges, my billing, your insurance, or any other money-related point, please bring it to my attention immediately. I will do the same with you. Such problems can interfere greatly with our work. They must be worked out openly and quickly.

If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small-claims court. In most collection situations, the only facts I release regarding a client's treatment are his or her name, the kind of services provided, and the amount due. If such legal action is necessary, its costs will be included in the claim.

If you think you may have trouble paying your bills at times, please discuss this with me. If your unpaid balance reaches \$300, I will notify you by mail. If it then remains unpaid, I must stop therapy with you. Again, fees that continue unpaid or without a payment plan after this may be turned over to small-claims court or a collection service.

If You Have Health Insurance

Because I am a licensed psychologist, many health insurance plans will help you pay for therapy and other services I offer. Because health insurance is written by many different companies, I cannot tell you what your plan covers. Please read your plan's booklet under coverage for "Outpatient Psychotherapy" or "Behavioral Health," or under "Treatment of Mental and Nervous Conditions." Or call your employer's benefits office to find out what you need to know.

Because your health insurance may pay part of my charge, I will help you with your insurance claim forms. However, please keep the following in mind:

1. If you subscribe to a health maintenance organization (HMO) or preferred provider organization (PPO), or have another kind of health insurance with a managed care organization (MCO), decisions about what kind of care you need, from whom, and how much of it you can receive will be reviewed by the plan. The plan has rules, limits, and procedures that we should discuss. Please bring your health insurance plan's wallet card or description of services to our first meeting, so that we can talk about it and decide what to do.
2. Your health insurance policy is a contract between you and your insurance company, and does not guarantee payment for my services. I had no role in deciding what your insurance covers. Your employer decided which services will be covered, which will not be covered, and how much you have to pay. You are responsible for checking your insurance coverage, deductibles, payment rates, copayments, and so forth. Your insurance coverage is between you and your company; it is not between me and the insurance company.
3. You—not your insurance company or any other person or company—are responsible for paying the fees we agree upon. If you ask me to bill a separated spouse, a relative, or an insurance company, and I do not receive payment on time, I will then expect this payment from you.
4. As a service to you, I will provide information about you to your insurance company only with your informed and written consent. My office will try its best to maintain the privacy of your records, but I ask you to understand that I have no control over what happens to your records after they leave my office.

Your MCO can ask for and review all my records as part of its regular audits of providers and services. It may be satisfied with a phone discussion or a summary. It will usually be looking to see that the services are compatible with the severity of your limitations and diagnoses. This is called "evaluating the medical necessity of treatment." I will tell you if this happens.

If you choose to use your insurance for services but I am not covered by your insurance company, I will not file claims for you, but I will give you a receipt for my services with the information the insurers need to pay you back if allowed by your contract. This information will include standard diagnostic and procedure codes, the times we met, my charges, and your payments. In this situation, because I do not have a contract with your insurance company, it may pay part of my fees as an out-of network provider.

Please check here to allow me to speak with your insurance company if it contacts me to provide information to help you collect reimbursement benefits (if any): Yes NO

If You Need to Contact Me

I cannot promise that I will be available at all times. Although I am usually in the office Mondays and Wednesdays, from 9AM to 8PM, I do not take phone calls when I am with a client. You can always leave a message on my voicemail, and I will return your call as soon as I can, usually within 24 hours. Please note that I may not pick up messages the same day, especially if they are left in the evenings or weekends. During times I am scheduled to be away for a few days, another professional

will be available for urgent issues.

If you have an emergency or crisis, you or your family members should call 911 or go straight to the nearest emergency room.

E-mail should only be used for low-risk and non-private information such as schedule changes, and not for clinical materials. Please review the Social Media Policy for further information.

If I don't return your message within 24 hours, please assume that a mechanical problem has occurred and call back.

If I feel that our work together calls for it, I will make special arrangements for telephone contact, and this service will be charged at my usual rate. Please note that therapy over the phone is not typically covered by insurance and you will be responsible for payment of the usual rate.

If I Need to Contact Someone about You

If there is an emergency during our work together, or I become concerned about your personal safety, I am required by law and by the rules of my profession to contact someone close to you—perhaps a relative, spouse, or close friend—to protect you. I am also required to contact this person, or the authorities, if I become concerned about your harming someone else. Please write down the name and information of your chosen contact person in the blanks provided:

Name: _____ Relationship to you: _____

Address: _____

Home phone: _____ Cell: _____ Work: _____

You may give me more than one person.

Other Points

You may not make any kind of electronic recording of our sessions without my written consent.

Many clients use email and text messaging, but these are not secure and could lead to a loss of confidentiality. If you would like to use email to communicate with me, please read my Social Media Policy.

I will charge you at my regular rate for letters, reports, and similar documents you ask me to create for you.

As part of the confidentiality that I offer you, I ask you not to disclose the name or identity of any other client being seen in this office.

Children and Property Issues

I request that you do not bring children with you (other than a child I am seeing for treatment) if they are young and need babysitting or supervision, which I cannot provide. I do not have toys, but I can provide reading materials suitable for older children. You will be charged for any damage to, or theft of, property in this office or outside by you or anyone for whom you are legally responsible. I cannot be responsible for any personal property or valuables you bring into this office.

Shared Office Space

Although I share this office space with other professionals and we use some office equipment together, we are not in business together as partners, employers, or employees. I do not routinely consult with them on cases, or make referrals to or receive referrals from them. We are all independent licensed professionals.

Records Issues

If, as part of our therapy, you create and provide to me records, notes, artworks, or any other documents or materials, I will return the originals to you at your written request but may retain copies.

If I am unable to provide continuing care to you due to my illness or disability, I have made arrangements with other fully qualified and confidential clinicians for your immediate care and for maintenance of your records.

These arrangements are in effect as long as I am in practice.

Statement of Principles and Complaint Procedures

It is my intention to abide by all the rules of the American Psychological Association (APA) [or other professional organization] and by those of my state license.

Problems can arise in our relationship, just as in any other relationship. If you are not satisfied with any area of our work, please raise your concerns with me as soon as possible. Our work together will be slower and harder if your concerns with me are not worked out. Some issues that arise between us may be clinically relevant to other relationships in your life. I will make every effort to hear any complaints you have and to seek resolution. If you feel that I (or any therapist) have treated you unfairly or have broken a professional rule, please tell me. You can also contact the state licensing board for the discipline under which any therapist practices (psychologist, psychiatrist, licensed professional counselor, or social worker). Staff members there can help clarify your concerns or tell you how to file a complaint.

In my practice as a therapist, I do not discriminate against clients because of any of these factors: age, sex/gender, sexual orientation, marital or family status, race, color, religious beliefs, ethnic origin, place of residence, veteran status, physical disability, health status, or criminal record unrelated to present dangerousness. This is a personal commitment, as well as being required by some federal, state, and local laws and regulations. I will always take steps to advance and support the values of equal opportunity, human dignity, and racial, ethnic, and cultural diversity. If you believe you have been discriminated against, please bring this matter to my attention immediately.

Our Agreement

I, _____ (name of client or person acting for the client), indicate by my signature below that I have read or had read to me the issues and points in this document. I have discussed those points I did not understand, and have had my questions answered to my satisfaction.

I understand that no specific promises have been made to me by you, the therapist, about the results of treatment, the effectiveness of the procedures you use, or the number of sessions necessary for therapy to be effective.

I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them, and you will do your best to answer them. I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns with you before ending therapy with you.

By signing below, I agree to act according to the points covered in this brochure, but this does not waive any of my rights.

Signature of client (or person acting for client)

____/____/____
Date

Printed name

Relationship to client: Self Parent Legal guardian
 Health care custodial parent of a minor (less than 14 years of age)
 Other person authorized to act on behalf of the client:

I, the therapist, have met with this client (and/or his or her parent or guardian or others related to this person's situation) for a suitable period of time, and have informed him or her about the issues and points raised in this brochure. I have responded to his or her questions. I believe this person fully understands the issues, and I find no reason to believe that this person is not fully competent to give informed consent to treatment with me. I agree to enter into therapy with the client, as shown by my signature here.

Signature of therapist

____/____/____
Date

I truly appreciate the chance you have given me to be of professional service to you and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

Copy accepted by parent/guardian/other or Copy kept by therapist

Please read and initial the following information:

_____ I authorize the release of information necessary to process my insurance claim

_____ I authorize payment of insurance benefits to my Psychologist

_____ I authorize my Psychologist to release information to my primary care physician and/or referring physician.

_____ I understand that payment is to be made at the time of the session unless prior financial arrangements have been made.

_____ I understand that I am financially responsible for all scheduled appointments unless a minimum of 24 hours notice is given

_____ I agree to pay a No Show or Late Cancellation Fee of \$75 if I do not cancel within 24 hours before a scheduled appointment

_____ I have received, read, and understand the Information to Client's Agreement provided to me.

_____ I have received, read, and understand the Notice of Privacy Practices.

Client or Parent Signature: _____

Date: _____

Scheduled Appointment Reminder Authorization

I authorize Sheffer Psychological Services, LLC to send me appointment reminders.
Please specify how you would like us to contact you:

CHOOSE ONE:

- Phone Call: Preferred Phone Number: _____
- Text Message: Cell Phone Number: _____
- Email: Email Address: _____

____ Please initial if you do not wish to receive appointment reminders. I am aware that missed appointments result in a \$75 fee.