



## **POLICY STATEMENT**

My rate is \$170 for a fifty-five minute session paid for by check or cash, and \$175 for a session paid for by credit card.

I request full payment at the time of service. Any arrangement you have with a third party payer (for example, an insurance company, flexible spending or health savings account, or family member) is between the two of you. I will provide you with a receipt containing all the information typically required, which you can submit for yourself.

I prefer payment by check or cash. When paying using PayPal, please forward a receipt or screen shot to [ann@deeperiverinc.com](mailto:ann@deeperiverinc.com). Alternatively, you may print out a paper copy.

I appreciate as much cancellation notice as you can provide. I require a minimum of 24 hour business day notice if you don't want to be charged for a cancellation. Monday appointments must be cancelled by the time of the appointment on Friday, to allow time to fill your appointment. You may opt for a virtual appointment, if last minute illness or weather make it difficult to keep your appointment in person.

Please avoid the use of scented products (perfume, after-shave, body wash, hair products, etc.) at Deep River, since some of our clients are sensitive to scents.

For our work to be most effective, I need you to be honest. If you have questions, concerns, or changes you'd like in the way therapy is progressing, I'd like to hear about it as soon as possible.

If you are caught up in an active addiction, I may recommend an assessment and treatment before you begin therapy. Please let me know if you think this might be the case, so I can help you use your resources wisely.

When you decide you'd like to end therapy, please let me know directly, so that we can spend some time on closure. This will give you a chance to celebrate your growth, talk through any difficulties that may have come up, plan for next steps, and discuss additional resources. You'll also be able to practice saying goodbye. If at a later time you'd like to resume our work, I'd be happy to see you again.

Your signature below confirms that you understand and agree to these policies. It also indicates that you know you have received to the privacy policy/ HIPPA regulations here on the website.

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Client

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Date

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Client

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Date

Please sign here if you are comfortable with me thanking the person who referred you to Deep River:

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Your Name

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Referred By