OFFICE POLICIES & GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES Consent for Psychotherapy Services

Darian Slayton Fleming: LCSW, CRC Phone: (503) 522-3272 Fax: (503) 961-8180 darian@dsflemingcc.com www.dsflemingcc.com

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours (2 days) notice is required for rescheduling or canceling an appointment. Unless we reach a different agreement, the full fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

I have read the above Office Policies and General Information, Agreement for Psychotherapy Services or Informed Consent for Psychotherapy carefully; I understand them and agree to comply with them:

Client's Name (print)	
Signature	Date