

**HEATHER CRIMSON, MS, LMFT**  
**Licensed Marriage & Family Therapist MFC43011**  
311 Forest Avenue, Suite 4  
Pacific Grove, CA 93950  
831.236.8518

## TREATMENT AGREEMENT

**APPOINTMENTS AND FEES:** The fee per 50-minute session is \$90. This is payable at the beginning of each session, unless I have agreed to bill your insurance plan. Longer sessions are also available upon request and will be billed accordingly (insurance only pays for 50 minutes).

**CANCELLATIONS:** I require 24 hours notice to cancel your appointment. If you cancel in fewer than 24 hours or fail to call to cancel, you will be charged \$45, except in cases of sudden illness or family emergency. Note: Insurance plans will not pay for late-cancelled or missed sessions.

**INSURANCE:** If I am billing your insurance plan, you must pay your portion of the charges (the co-payment) and any deductible at the time of the session. While I may submit insurance claims for you, you are still responsible for any portion of the fee not paid by your insurance plan.

**Please sign both the following if you are using your insurance plan or Employee Assistance Plan:**

"I authorize the release of any information (including treatment summaries and diagnosis) necessary to process insurance or Employee Assistance Program claims, or to request additional sessions."

(Insured's Signature here) \_\_\_\_\_

"I authorize payment of benefits to be made to Heather Crimson, LMFT for services provided."

(Insured's Signature here) \_\_\_\_\_

**CONFIDENTIALITY:** What you say in therapy, your records and your attendance are confidential, except:

- when you give written permission to release information.
- when our records are subpoenaed for legal reasons.
- when reporting is required or allowed by law (suspected child abuse or neglect, suspected elder or dependent adult abuse, extreme danger to self or danger to others).
- other exceptions as outlined in my *Notice of Privacy Practices*.

**IN AN EMERGENCY:** Emergencies occurring after office hours may require you contacting me at the number above. I will make every effort to make myself available for your care. If, however, you are unable to contact me during an emergency, call 911 or go to the emergency room of the Community Hospital of the Monterey Peninsula (CHOMP) or the Natividad Medical Center. CHOMP also has a crisis line at 625-4623. The Suicide Prevention and Crisis Center has a 24-hour crisis line at 649-8008.

**ENDINGS:** You may end therapy at any time. A final phone call or session is requested for closure.

**DISCLAIMERS:** It is understood that any agreements made are between you and me only. The other therapists in the suite operate independently and are not responsible for your care. I also cannot be responsible for the care provided by professionals or groups I refer you to.

**PRIVACY POLICY:** By signing below, you acknowledge receipt of my *Notice of Privacy Practices*. This Notice provides information about how I may use and disclose your private health information. I encourage you to read it carefully. (*Notice of Privacy Practices* available online at [www.heathercrimson.com](http://www.heathercrimson.com).)

If you have any questions about the Notice or any of the above, please feel free to ask.

_____ Signature	_____ Printed Name	_____ Date
_____ Signature, second client	_____ Printed Name, second client	_____ Date