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Office Policies

PAYMENT FOR SERVICE: Clients are expected to pay for services at the time they are rendered unless other arrangements have been made. Please notify me if any problem arises during the course of your therapy regarding your ability to make timely payment.

INSURANCE REIMBURSEMENT: Clients who carry insurance should remember that professional services are rendered and charged to the client and not to the insurance company. I will provide you with an insurance copy of your receipt which you can submit to your insurance company for reimbursement.

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours notice is required for rescheduling or cancellation of an appointment. The full fee will be charged for missed sessions without such notification.

CONFIDENTIALITY: All information disclosed within sessions is confidential and may not be revealed to anyone without written permission except where disclosure is required by law. Disclosure may be required in the following circumstances: where there is a reasonable suspicion of child or elder abuse; where there is a reasonable suspicion that the client presents a danger of violence to others or where the client is likely to harm him or herself, unless protective measures are taken. Disclosure may also be required pursuant to a legal proceeding.

EMERGENCY PROCEDURE: If you need to contact me between sessions, please leave a message with the service and your call will be returned. If an emergency situation arises, inform the telephone service that your call is an emergency. Please do this for true emergencies only.

I have read and understand these office policies.

Client Name Printed

Date

Client Signature

Witness Name Printed

Date

Witness Signature