

# Laini Golden, LCSW

BBS License # LCSW 65008

3416 American River Drive, Suite B

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(916) 572-7544

## **CLIENT FEES AND APPOINTMENT INFORMATION**

- Appointments are generally made on a regular, weekly or bi-weekly basis and your hour is held for you from week to week for the duration of the agreed upon treatment timeline.
- You are held responsible for the agreed upon appointment fee. In the event that you are unable to keep your appointment, you must cancel as soon as possible. If this is done at least 24 hours in advance of your scheduled appointment time, there will be no charge for cancellation.
- **If, however, you cancel your appointment within the 24 hour period or if you simply do not appear for your scheduled appointment time, you will be charged for the ENTIRE STANDARD FEE OF THE SESSION MISSED.**
- You are held responsible to be on time for your scheduled appointment. You may still be seen if you are up to 15 minutes late for your appointment. You will be charged the full session fee. Sessions end at the scheduled time.
- There is a Fee for Service policy. *You are to pay at each session* for that week's appointment. Please feel free to discuss the fees including the need to make special arrangements for payment at any time as needed.
- Phone calls between sessions or in lieu of a face to face session that last longer than 15 minutes are charged on a prorated basis at the rate of a standard session fee and will be billed or payment can be made at the next scheduled face to face appointment time. Phone contacts with family, friends or other professionals must be approved by the client in advance (including appropriate written authorization) and will be billed to the client as noted above.
- If you request, a statement for your insurance company can be provided. Please remember that *you* are liable for the fees.
- You will be charge whatever fees apply from the bank for a returned check.
- Every effort to return calls within 48 hours is made. In the event of a crisis, please call 911 and/or the Sacramento Mental Health Treatment Center at 732-3637. You may also leave the therapist a voice mail message and your call will be returned as soon as possible.

By signing below, you are acknowledging that you have read the above and agree to the terms.

\_\_\_\_\_  
Signature of Client or Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Therapist

\_\_\_\_\_  
Date