



Statement of Understanding

Thank you for your interest in working with me in psychotherapy. This *Statement of Understanding* is provided so that you and I may agree to work together under the following conditions. Please read carefully and sign this form.

Cancellation Policy:

After our initial session, we will arrange a regular weekly or bi-weekly appointment time. Appointments will start and end on time. If you need to cancel or reschedule an appointment for any reason, please provide at least **48 hours notice**. If you cancel with less than 48 hours notice, you will be charged for the missed appointment.

Inclement Weather:

If there is snow or other poor weather conditions, please call me to determine if we are going to meet. If driving conditions prevent you from coming to your appointment, then we will meet virtually.

Confidentiality:

I will maintain our conversations in strict confidentiality. All records are kept in a locked file cabinet or in a secure online database. From time to time, I will consult with another professional on your behalf, but no identifying information will be shared. The only circumstances under which your signed consent is **not** required is if I determine that you pose a serious risk to your or someone else's safety.

Payment:

I will email you a billing statement for the previous month's sessions at the end of each month. Payment is expected by the **10th** of the following month via Zelle (brookebralove@gmail.com) or by check payable to *Brooke Bralove, LCSW-C*. There will be a scheduled yearly rate increase of \$5-10.

Insurance:

I do not participate with any health insurance companies. Depending on your health coverage, you may be able to apply for reimbursement using the billing statement I provide you on a monthly basis. This is your responsibility.

I have read the above guidelines for therapeutic services and agree to them.

Patient Name: _____

Date: _____

Patient Signature (Parent Signature if Under 18): _____