

Rabinowitz Counseling Services, LLC

Lisa Rabinowitz, LCPC
104 Church Lane, suite 105
Pikesville, MD 21208
410-736-8118

APPOINTMENTS

Office Hours are by appointment only. All communication via email, texting and cell phone calls may not be kept confidential; therefore, please use the free app called Signal which is HIPAA compliant. I will make every effort to contact you within 24 hours. The client and therapist will schedule appointments usually once a week at a time agreed upon for 60 minutes to approximately 3 hours.. I respect the time reserved for the client. If the client must cancel or reschedule his/her appointment, it is necessary that 24 hours (48 hours for weekend appointments) advance notice is given to the therapist, so the client will not be charged for the session. **If a client wishes to cancel, but fails to provide me with at least 24 (or 48 hours on the weekend) hours, the client will be charged an office visit (\$150/hour)____.(Initial)**

EMERGENCIES

If a therapeutic emergency occurs outside of the office hours, then please call 911 or go to your nearest emergency room. _____.(Initial)

PROFESSIONAL FEES

The counseling fee is \$150/hour. I accept cash, check or credit card. At the first appointment, you will be asked for a credit card that will be held on file. Also, a fee will be charged for other professional services the client may need, pro-rated for periods of less than one hour. Examples of such other services include report writing, telephone

conversations lasting longer than five minutes, attendance at meetings with other professionals the client has authorized, preparation of records or treatment summaries, and the time spent performing any other service the client may request.

BILLING AND PAYMENTS

Payment is expected at the time of service. The client should not hesitate to communicate with his/her therapist if facing financial difficulties so that a different payment arrangement can be made. Please be aware that refusal to pay for services may result in termination of counseling and referral to other services. Clients are solely responsible for reporting changes such as phone numbers, name, and address and such. These changes in information should be done in writing and given to the therapist one week before an appointment.

I have read and agree to the above statements.

Print Name _____

Signed Name _____ **Date** _____

For Couples-both initials and signatures are required

Print Name _____

Signed Name _____ **Date** _____