

Whitney McMullan Therapy
33 West 19th Street, Suite 413, New York, NY 10011

PROCEDURES AND LIMITS

I (print name) _____, hereby acknowledge, understand, and accept the limits and procedures set forward by Whitney McMullan, LCSW:

Sessions are typically 45 minutes for the agreed upon fee. This fee will be assessed and typically increased at the beginning of the year (January 1st).

Initials _____

Any communication outside of a scheduled session that lasts longer than 15 minutes will be billed at a prorated rate.

Initials _____

If I need to cancel a session, I will do so by contacting Whitney 48 hours before the session. If I cancel within 48 hours, I will be charged the full session fee. *Monday appointments must be cancelled or rescheduled by Friday in order to avoid a charge.*

Initials _____

I will provide a credit card. If I choose to pay in an alternative manner, then this card will not be used unless payment is not received in a timely manner (by the end of the month), or if I stop responding to messages and have sessions for which I owe payment, or if a cancellation takes place.

Initials _____

I understand that emails and texts are not private/HIPPA compliant. Therefore, I understand that any clinical information sent in an email will not be responded to by email but will be addressed and processed in the scheduled session time. I understand that Whitney may not have access to/respond to emails daily.

Initials _____

Texting will be used solely for scheduling and billing purposes.

Initials _____

I understand that although Whitney McMullan follows all HIPPA compliant practices, virtual platforms such as Zoom and FaceTime are not HIPPA compliant and therefore full privacy cannot be guaranteed through use of those services.

Initials _____

Any emergency contact should not be made to Whitney, but instead to emergency services such as calling 911 or visiting the nearest emergency room.

Initials _____

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I understand that if I am late to sessions, the session cannot be extended (unless explicitly discussed.) If I am more than 15 minutes late to a session, the session will be canceled and charged in full as a missed session

Initials _____

Sessions are not to be recorded without client AND therapist consent.

Initials _____

If limits are transgressed, this will warrant a discussion around goals in therapy, adjustment of limits, and the options around continuing in the therapeutic relationship.

Initials _____

Signature of Client: _____

Date: _____

Signature of Guardian (if applicable) _____

Date: _____