

980 ENCHANTED WAY #205  
SIMI VALLEY, CALIFORNIA 93065  
PHONE (805) 501-6630  
License # LCS17999

**Kelly Tobey, M.S.W., L.C.S.W.**

*WWW.KELLYTOBEYLCSW.COM*

---

## OFFICE POLICIES AND AGREEMENT

### THERAPY APPOINTMENTS:

Appointments are scheduled weekly for 45 to 50 minutes for individual psychotherapy only ( family, conjoint, and/or couples therapy is not provided) . Once a reduction of symptoms has been achieved, some clients choose to attend therapy every other week, depending on therapeutic goals. Missed appointments scheduled past two weeks are not recommended, as it hinders the effectiveness of therapy, unless both client and therapist are planning for discharge. Clients have the right to stop therapy at any time. If an appointment has not been attended for thirty days, one will be considered discharged from therapy services.  
\_\_\_\_\_ (client's initials)

### PAYMENT:

Clients are responsible for all charges incurred and services must be paid in full at the time of the appointment. If I am a preferred provider with your insurance company, I will bill your insurance for you, however, all co-payments are due at the time of your appointment as well. Any services not covered by the insurance company are the client's responsibility, including charges for missed or cancelled appointments. If a client has accrued a balance of three unpaid missed appointments (including co-pays), a breach of the therapy agreement has occurred and the client will be considered discharged from therapy services.

### CANCELLATION:

The scheduling of an appointment involves the reservation of time. To avoid being charged \$50.00 for a missed appointment, a cancellation (phone call, texts and emails are not accepted) of **at least** 24 hours must be given (the \$50 charge cannot be added to insurance). Excessive missed or canceled appointments, and not showing for a scheduled appointment, may result in the loss of one's reserved appointment time.

\_\_\_\_\_ (client's initials)

### PHONE CALLS BETWEEN APPOINTMENTS AND EMERGENCY PROCEDURES:

I can be reached at (805) 501-6630 (texts and emails are not accepted) and an attempt will be made to return all calls within a timely manner. Texts will not be responded to, please phone and leave a message. Please be sure to leave your phone number and I will attempt to return your call within 24 hours. If your phone call is of an urgent nature, please indicate that in your voicemail message. I will then aim to return your call within 4 hours. If you are experiencing a life or death emergency, please phone 911 immediately or go to the closest emergency room. Phone calls are not returned over the weekend, or on holidays, unless it is an urgent issue.

\_\_\_\_\_ (client's initials)

**PRIVACY:** Therapy appointments are confidential. Photographs, audio and/or visual recording of therapy sessions are strictly prohibited. Should this policy be violated, then a breach of the therapy agreement has occurred and a discharge from services will occur.

\_\_\_\_\_ (client's initials)

**OTHER INFO:** On occasion clients often run into their therapists in public places outside of the therapy office (stores, markets, restaurants, etc.). To maintain your confidentiality, I will not acknowledge you. Please know that if that situation arises, I am not ignoring you but wanting to maintain your privacy. Of course, if you would like to say hello, that is always welcome, but I will leave the choice up to you.

\_\_\_\_\_  
(client's initials)

**LEGAL MATTERS:** I have no training in legal matters such as disability claims, child custody issues, matters of the court, workman's compensation, etc. As a result, I do not provide court ordered therapy, and I do not provide written reports for disability claims, child custody issues, court issues, workman's compensation matters, etc.

\_\_\_\_\_  
(client's initials)

Sample

*I have read, understand, and received a copy of these policies.*

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Spouse/Significant Other: \_\_\_\_\_ Date: \_\_\_\_\_