

**Arlene H. Johnson, M.S., LMFT**  
**Licensed Marriage and Family Therapist (MFC 23978)**  
**530 S. Buena Vista**  
**Hemet, CA 92543**  
**(951) 733-8743**

**TREATMENT AGREEMENT**

**Fees:** The standard fee is \$85.00 per 50 minute session. However, a sliding scale based on income level is available for those experiencing financial problems. Payment is expected at each session unless prior arrangements have been made.

This fee is payable at the time of each session, unless I am billing your insurance plan.

**Appointment Scheduling and Cancellation Policies:** Sessions are typically scheduled to occur one time per week at the same time and day if possible. Your attendance greatly contributes to a successful outcome. You will be charged for cancelled sessions without 24 hours notice, except in cases of illness or emergencies. Note insurance companies do not pay for missed or late cancelled sessions.

**Insurance:** If I am billing your insurance plan, you must pay your portion of the charges (the copayment) and any deductible at the time of the session. Even though I submit insurance claims for you, you are still responsible for any portion of the fee that is not paid by your insurance plan.

**Please sign the following, if using your insurance plan or Employee Assistance Program:**

“I authorize the release of any information (Including treatment summaries and diagnosis) necessary to process insurance or Employee Assistance claims or to request additional sessions.

I authorize payment of benefits to Arlene H. Johnson, LMFT for services provided.”

(Sign here)\_\_\_\_\_

(If applicable, second client sign here)\_\_\_\_\_

**Confidentiality:** All communications in therapy, your records, and your attendance are confidential except:

- When you give written permission to release information
- When your records are subpoenaed for legal reasons
- When reporting is required or allowed by law such as suspected child abuse or neglect, danger to self, suspected elder abuse or danger to others.

**In An Emergency:** You may reach me by leaving a message at 951 733-8743. I check for messages frequently. In case of an emergency dial 911 or go to the nearest emergency room. If I am unavailable, a colleague will be available for emergencies. I will make every effort to let you know of such instances in advance.

Your signature indicates that you have read this agreement for services carefully and understand its contents. Please ask any questions or concerns that you have about this information before you sign.

_____ Signature	_____ Printed Name	_____ Date
_____ Signature, second client	_____ Printed Name, second client	_____ Date