

POLICY STATEMENT

My per session rate for care is \$160.00 with an option for a sliding fee structure which we can discuss in person. I offer the flexibility to pay with FSA/HSA cards, credit card, cash, check or venmo at @Kristine-Martin-17. I prefer payment by check/cash/venmo. When paying via Venmo, please forward a receipt or screen shot to Martin.kristine.11@gmail.com.

I request full payment at the time of service. Any arrangements you have with a third party payor (such as an insurance company, flex spending/health savings account, or family member) is between you and that payor. I will provide you with a receipt containing all information typically required to request reimbursement, which is your responsibility.

I appreciate as much cancellation notice as possible, and require a minimum of a 24 hour business day to avoid cancellation fee (full session rate). **NOTE: Monday appointments, or appointments following a holiday must be made by the time of the scheduled appointment on the prior Friday or non-holiday business day to avoid cancellation rate.**

For our work together to be as productive and effective as possible, we need to commit to being honest and building trust as we progress. If you have any questions, concerns or changes you'd like in the way your therapy is progressing, I value the opportunity to discuss this with you as soon as possible. When you decide you'd like to end therapy, please let me know directly so that we can spend some time on closure. This will give you a chance to celebrate your growth, talk through any difficulties that may have come up, plan for next steps and discuss additional resources. If at a later time you'd like to resume our work, I would be happy to schedule time with you again.

We will review these policies at our first session to make sure you are clear about the scope of our work together and to answer any questions. Your signature below confirms that you understand and agree to these policies. It also indicates that you have reviewed the Privacy Policies and HIPPA Regulations.

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| Client Name PRINTED | Client Signature | Date |
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If Comfortable, let me know if you were referred to me, and if so, who referred you - I would like to thank them personally.

Name of person who referred you

Kristine Martin, LPCC, LCC
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612-802-9725 ~ Martin.kristine.11@gmail.com

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