Cynthia Peikoff, LCSW, BCD
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Client Information Statement

I hope the following information will assist you in beginning our work together. If you have any questions or concerns, please do not hesitate to let me know before we begin, or at any time during therapy.

- ***Fees***

  - The **rate** for each appointment is **$200/**session. **Telephone calls** between appointments are billed only after the first 15 minutes at the rate of $50.00 for each increment of 15 minutes. **E-mail** and **text** messages will be read and briefly replied to by me at no additional charge until the time spent by me to read and respond is greater than 15 minutes per week, at which point, you will be billed in the same increments as for telephone calls between sessions.

  - Payment is due at the time of each session. All major credit cards are accepted, as well as checks and cash. If you are experiencing financial difficulty, please let me know during the first meeting.

  - It is your responsibility to submit insurance claims to your insurance company for reimbursement. When submitting claims, attach your invoice or "super bill" to your insurance claim form. A "superbill" will include a mental health diagnosis which your insurance company must have in order to process the claim. If you have any questions about this diagnosis, please ask me.

  - **Any session that is canceled less than 24 hours in advance will be billed at the full rate, unless due to illness or last minute business meetings. I allow one late cancellation free of charge per client.**

- ***Emergencies***

  - I listen to telephone messages frequently during weekdays and at least daily on the weekends. Remember to leave a phone number and the best time to reach you. When out of town, I will have a therapist on call during my absence.

  - In an emergency, since I may not be able to answer your call immediately, please contact **the Crisis Hotline Services in Orange County (877) 727-4747.** If necessary, call 911 for emergency assistance or go to your nearest hospital's Emergency Room.

Client Signature: _____Date:_____

Therapist Signature: _____Date:_____