

Joanna Frederick LCSW
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Therapy with Joanna, P.C.

Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

Relationship to Client _____

Cancellation Policy:

24 hours notice is required for cancellation. **If 24 hours notice is not provided, the full session charge applies.** Lateness on the part of the client does not alter the session fee or the ending time of the session. Lateness on the part of the therapist will always be made up.

Contact between sessions:

Texting and email are to be used for schedule related or administrative purposes only. Shorter sessions are available upon request at a prorated rate. You are welcome to reach out and request sooner or additional sessions if needed. Please do not email nor text me about clinical matters because neither are a secure way to contact me. If you need to discuss a clinical matter with me, please feel free to call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. Telephone or face-to-face context simply is much more secure as a mode of communication.

I have read and fully understand the above and voluntarily consent to treatment under these conditions.

Client Signature

Date