

Joanna Frederick LCSW

Therapy with Joanna, P.C.

484-477-8982

therapywithjoannafrederick@gmail.com

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Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Relationship to Client \_\_\_\_\_

**Payment:**

Payment can be made via PayPal, Zelle, Venmo, or credit card/HSA card. Payment is due at the time of each session. If you want a monthly receipt, **please let me know**. You may be able to submit this receipt, which will have to have a diagnostic code on it, to your health insurance for out of network reimbursement. Receiving out of network reimbursement is the responsibility of the patient. Please note out of network reimbursement is not available if you have Medicare. Sessions are 45 minutes long.

**Cancellation Policy:**

24 hour's notice is required for cancellation. **If 24 hour's 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.**

\_\_\_\_\_  
Typed Client Signature

\_\_\_\_\_  
Date