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These are my policies and procedures. Please read them carefully. If you have any questions, please feel free to discuss them with me before signing.

**Confidentiality:** What you reveal in therapy is confidential and will be released only with your written consent, except in situations of actual or potential danger to yourself or others, or as otherwise mandated by law.

**Length and Frequency of Sessions:** Sessions are fifty minutes in length. Sessions are once a week, unless otherwise indicated.

**Cancellation:** Cancellations are counterproductive to the therapeutic process. If you must cancel an appointment, it is best to reschedule the appointment within the same week. To avoid a charge for cancellation, twenty-four hours notice must be given. If you miss three consecutive sessions without contacting me, I will assume that you have chosen to terminate therapy.

**Therapist Availability:** I check for voice and text messages between 9 A.M. and 9:00 P.M. daily. Non-urgent calls will be returned within 24 hours during normal workdays. I also check email throughout the day.

**Safety:** No weapons should be brought to a session without prior discussion and agreement from all parties.

**Email:** I am available by email for scheduling appointments and I send monthly statements via email. Personal concerns should be discussed in session or by phone.

**Cell Phones:** Cell phones can be disruptive during therapy sessions. Please put your phone on silent when you come into the office.

**Fees:** Fees are subject to an annual review, with the exception of fees that are on a sliding scale, which are subject to change should the client's financial situation change. Fees are to be paid at the time of each session. There will be a charge for returned checks.

**Health Insurance:** Please inform me if you wish to utilize health insurance to pay for services. If I am a contracted provider with your plan, I will discuss the procedures for billing your insurance with you. The rate of reimbursement and the rate of any co-payments or deductible depends on the terms of your plan. You should be aware that insurance plans generally limit coverage to certain diagnosable mental conditions. You should also be aware that you are responsible for verifying and understanding the limits of your insurance coverage. While I am happy to assist you in seeking reimbursement, I cannot guarantee whether your insurance will provide payment.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please continue to page 2 if treatment is for a minor*

I require the consent of both parents prior to providing any services to a minor child. If any question exists regarding the authority of a parent or guardian to give consent for psychotherapy, I will require that supporting legal documentation, such as a custody order, be submitted prior to the commencement of services.

Communications between therapists and patients who are minors are confidential. However, parents and other guardians who provide authorization for their child's treatment are often involved in the treatment. Consequently, I may discuss the treatment progress of a minor patient with a parent or guardian. Patients who are minors and their parents are encouraged to discuss any concerns with me.

Name of Minor Child \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_