

Dr. Karen L. Siegel, Ph.D.

Psychologist
NYS License #6445

OFFICE POLICIES

- Your therapist has scheduled this time exclusively for you. Therefore, a 24-hour notice is required for any cancellations. Otherwise, you will be charged the *full rate* for a missed appointment or late cancellation.
- Full payment for each session is due at the time of service.
- Phone and e-mail consultations will be billed at my full hourly rate after the first ten minutes of conversation.
- All returned checks are subject to an additional \$30 charge.
- All sessions are scheduled for 45 minutes, unless otherwise specified. Please be on time to take advantage of your full session.
- All sessions will end after 45 minutes have elapsed from the scheduled beginning of session, in order to keep waiting to a minimum.

* *Thank you for your cooperation and understanding in advance.*

I _____ have read, understood, and agree to the above stated policies.

Client Signature

Date

Therapist Signature

Date

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