

# Penny J. Fife, LMFT, CEDS

## STATEMENT OF UNDERSTANDING

**Appointment Policy:** I ask you to respect the time that you have scheduled with me. If you cannot keep an appointment that you have scheduled, please provide at least 24-hour notice. If a 24-hour notice is not given, the session will be billed in full.

**Children:** Small children cannot be left unattended in the waiting room.

**Financial Policy:** Payment is expected at the time of service. Sessions are offered in 50 minute increments. The initial/assessment session has a fee of \$250. All additional sessions have a fee of \$225. Payments accepted include: Cash, Zelle, Venmo, check, or credit card. Credit cards have an additional 3% fee added to the cost of service.

**Privacy Policy:** The therapy office of Penny J. Fife, LMFT, CEDS follows the privacy and confidentiality policy that is outlined in the "Notice of Privacy Practices". If you have questions or concerns about the privacy policy, please contact Penny J. Fife, LMFT, CEDS at 702-228-3306.

**Crisis:** If you have an emergency after hours, please either call 911 or go directly to the emergency room.

I acknowledge that I have read and understand this statement and agree to the above terms. I have also read the "Notice of Privacy Practices" and understand I am entitled to a copy of the "Notice of Privacy Practices".

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_