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Licensed Psychologist

This form reviews office practices and issues related to therapy. Please read it and sign at the bottom of the form. If you have any questions about what is outlined in this form, please speak to me about them.

Contacting me: I can be reached for scheduling, questions, and concerns about therapy at: 636.394.6210. If I am not immediately available, please leave a message for me. When you leave a message, please identify yourself, and leave your best call-back number. If you know the best times you are available, please indicate that in your message. I return calls as promptly as possible, in general within a few hours, and most often within the business day in which you leave a message for me. If you leave a message for me and do not hear back in what feels to be a reasonable time for you, please call again. Occasionally, there are technical difficulties, and I do not want to miss speaking to you because of a dropped call, incomplete messages, or other technical problem.

Urgent or Emergency contact: If you feel your needs are urgent, please indicate that in your message to me. If I do not return your call in the time frame in which you need, OR, if you call during an emergency, please do not wait for my return call. Instead, leave a message and call either 911 or go to the emergency room of your choosing. St. Louis crisis and suicide prevention phone line is: Behavior Health Response phone number is:

Social Networking, Email, and Texting: I do not communicate with former or current clients via text, email, or social networking. These methods of communication are not secure or confidential. The only time I use email is for registration for groups. If you need to reschedule or schedule an appointment, call me at my office: 636.394.6210.

Notification for cancellation or rescheduling an appointment: We set aside a significant amount of time for our meeting, and that time is designated for you and only for you. Therefore, I ask for at least 24-hour notification if we need to cancel or reschedule an appointment. The late cancellation fee is billed to you at the rate contracted with your insurance. If you are not using insurance, the late cancellation fee is \$100. Exceptions to this policy are made in some instances, such as some illnesses, and in some circumstances of inclement weather, or unforeseeable family needs.

Payment: I am an in-network provider for most major insurance companies, and I will vend your claim for you. You are responsible for costs not covered by your insurance company, which may include: deductibles, co-pay, and/or co-insurance. If you are uninsured or your insurance does not cover the cost of behavior (mental) health services, or you decide to not use your insurance, you are personally responsible for payment. I do not know the details of the plan you have purchased, and so am not able to tell you what is a covered service for you, if you have a deductible, or what your co-pay or co-insurance will be. I, therefore, ask for a credit card guarantee at our first session. Credit card information is destroyed at the close of therapy and all costs of services have been paid. I accept cash, check, money order, or credit card for payment. Co-pays and any other payment needed as known to us through the processing of your claim is due at the beginning of our session.

I have read the above policies. I understand them and agree to comply with them:

_____ Date _____
Client's Signature