

Gayle Gonzalez-Johnson, MSW, LCSW, ACSW
Licensed Clinical Social Worker specializing in caring,
competent, therapeutic work with adult individuals & couples.

Client Information and Contract

Name _____

Address _____

City _____ Zip _____

Date of birth _____

Contact Info:

Home _____

Work _____

Cell _____

Email _____

(for business purposes only)

I am voluntarily seeking psychotherapy with Gayle Gonzalez-Johnson. I agree to pay for services at the time they are rendered. I understand that I will be charged the full fee for any missed appointment that I do not cancel PRIOR to 24 hours in advance of the start of the appointment time. *(Leaving Gayle a voicemail message is considered sufficient notification.)* Payments for missed appointments are due at the time of the next session or are to be mailed to the office within one week if there are no further appointments scheduled. I understand that my insurance can not be billed for missed sessions. My signature below indicates that I agree to abide by this payment contract.

I understand that all aspects of my treatment, including the fact that I am a therapy client, are strictly confidential. There are a few exceptions to this related to suicide, homicide, child abuse, elder abuse, and court order. My signature below indicates that Gayle and I have discussed these limitations and that I am satisfied in my understanding of them.

Client Signature

Date

FOR OFFICE USE:

Referral by:

- Phone book
- Internet/website:
 - Google?
 - Yahoo?
 - Other: _____
- Former client
- Health professional

Other

Insurance?

- Private Pay
- File health insurance claims for client?
 - Insurance company: _____
 - Medicare
 - Sign/complete top half of the red CMS 1500

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