

PALOMA SPARROWHAWK, LMHC
5315 TROUBLE CREEK ROAD
NEW PORT RICHEY, FL 34652
PHONE: 813 610-9815/FAX: 813 973-8589

OFFICE POLICIES

Therapy sessions are 45-50 minutes long.

You will be called and reminded of your appointment, unless you have a standing weekly appointment. Please notify me if you do not wish to be called.

Self-pay or co-payment is expected at the time of the appointment.

FEE SCHEDULE:

Missed appointment without notice	\$40.00
Failure to cancel an appointment with 24 Hours of appointment	\$40.00
Returned Checks	\$40.00
Report Preparation:	\$75.00 to \$200.00 (depending on time spent)

A copy of my report can be sent to your Primary Care Physician or Psychiatrist without charge.

PLEASE NOTE THAT I DO NOT ACCEPT GIFTS OF ANY KIND FROM ANY CLIENT.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE POLICIES.

Date: _____

Client Signature