**Jennifer L. Mounty, LCSW-R.**

 **352 7Th ave. 10th floor suite**

 **New York, NY 10001**

**POLICIES AND PROCEDURES**

**APPOINTMENTS**

**The keeping of appointments is the most effective means of successful therapy. As schedule**

**permits, I will work with you to find a convenient time for your appointments. Scheduling**

**of appointments constitutes an agreement to pay for the professional time reserved for you.**

**My policy is to charge appointments missed or cancelled with less than 24 hours of notice**

**at the rate of the reserved session. You will be billed directly for this time.**

**PAYMENT OF FEES**

**Payment for services is to be made at the time of the appointment. I accept cash or credit cards.**

**PLEASE READ CAREFULLY AND SIGN BELOW: I have read and understand the**

**above statements. I agree to comply fully with the policies of this office. I recognize and**

**accept full financial responsibility for all services rendered.**

**Patient/Resp. Party Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**