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Welcome. I honor the courage it takes to seek guidance and help. This form outlines my policies. Please read carefully and let me know if you have any questions. When you sign this form, it will represent an agreement between us.

Sessions: Our initial session is sixty minutes. Individual sessions thereafter are 45-50 minutes in length. Typically, we will meet weekly, which may decrease in frequency as treatment progresses.

Contact between sessions: If you need to reach me between sessions, please call the above phone number or email. I am often in session, so you may need to leave a message, which I will return within 24 hours during the week.

Cancellation Policy: Please note that if you need to cancel or reschedule your appointment I require notice at least twenty-four hours prior to our scheduled appointment time. The fee for a session cancelled without twenty-four hours notice is \$50 and is the responsibility of the client.

Billing and Fees: The initial evaluation costs \$140 and individual sessions \$100. Copays are due at the end of each session. I accept cash, check, or credit card.

I agree to the above conditions for treatment:

Name _____

Signature _____

Date _____

If minor, Parent/Guardian Signature _____

Date _____

Relationship to Client _____

Signature of Therapist _____

Date _____