

Danielle B. Schlichter, Psy.D.
PSY 25720
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818.861.MIND (6463)
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Office Policies

Payment: The fee for a 50-minute appointment is \$_____. Home visits are an additional \$_____. Payment is due at the end of each session unless other arrangements are made. Payment may be made by personal check or cash (exact amount is required as I rarely keep cash in the office to make change) or credit card. Please notify me if any problem arises during the course of your therapy regarding your ability to make timely payment. Checks should be made payable to Danielle Schlichter, Psy.D.

Insurance: Clients who wish to bill their insurance company for therapeutic services should remember that professional services are rendered and charged to the client and not to the insurance company. As a courtesy, I will provide you with necessary billing paperwork for any reimbursement owed to you by your insurance company. Payment is due at the time of service.
_____ (Client initial)

Cancellation: The scheduling of an appointment involves the reservation of time specifically for us. To avoid being charged for a missed session, please inform me of your cancellation at least 24 hours in advance. _____ (Client initial)

Confidentiality: All information disclosed within sessions, including that of minors is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Disclosure may be required in the following circumstances:

1. When there is a reasonable suspicion of child abuse or abuse to a dependent or elder adult.
2. When the client communicates a threat of bodily injury to others.
3. When the client is suicidal.
4. When disclosure is required pursuant to a legal proceeding.

Emergency Procedures: If you need to contact me between sessions, please leave a confidential voice message by dialing (818) 861-MIND (6463) and your call will be returned. If an emergency situation arises, please indicate that the call is an emergency, and your call will be returned as soon as possible. Please do this for true emergencies only. Emergency telephone session with a duration of 15 minutes or more will be charged the regular session fee. Payments for emergency telephone sessions are due and payable at the next regularly scheduled appointment time.

When I am out of town or otherwise unavailable, a qualified professional will cover for me. My outgoing voice message will indicate the name of the designated therapist and the number at which to reach him/her.

I have read and understand these office policies.

Signature of Client: _____ Date: _____