

Linda A. Fasan, LMFT  
Licensed Marriage and Family Therapist  
OR T1713, CA 39937  
516 SW 13<sup>th</sup> St. Suite 201, Bend, OR 97702  
818-231-7175

1. I am voluntarily giving consent for myself or my minor child to participate in counseling with Linda Fasan. I have been informed of the limits of confidentiality and realize that there are certain circumstances where the therapist must legally break this confidentiality (Suspected Elder Abuse, Suspected Child Abuse and Danger to Self or Others).

2. I agree to the following office practices:

-If you must cancel, please do so at least 24 hours in advance.

-Missed sessions will be charged 1<sup>st</sup> \$50, 2<sup>nd</sup> \$75, 3<sup>rd</sup> \$165.

-The agreed upon hourly rate is \$165 with each session lasting 50 minutes.

-If you are more than :30 late we will need to reschedule.

3. If you are having a life-threatening emergency please utilize 911 or call the free crisis hotline: 1-800-875-7364

Your signature below indicates that you have read, understood and agree to the above policies. I am looking forward to working with you.

\_\_\_\_\_

Client

\_\_\_\_\_

Date

\_\_\_\_\_

Therapist

\_\_\_\_\_

Date