

Kim Pattison MA, MFT  
Licensed Marriage and Family Therapist  
CA License No. 48001

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[www.kimpattisoncounseling.com](http://www.kimpattisoncounseling.com)

Client/Therapist Agreement

Welcome to the Counseling office of Kim Pattison, Licensed Marriage and Family Therapist. My goal as a therapist is to help individuals, couples, parents and children gain insight and tools to live their lives successfully. The therapeutic relationship is important and I strive to make therapy sessions an emotionally safe place to work through and resolve the issues that are hindering your peace of mind and contentment.

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Confidentiality

It is my commitment to you that all information shared in sessions will be strictly confidential.

The only exceptions are:

Suspected Child Abuse, Elder Abuse, Dependent Adult Abuse, Neglect, or Emotional Abuse,  
A serious threat to harm yourself or others.

Your Insurance Company paying for your service has the right to review your records.

You waive your right to privilege and give consent to limited disclosure of information to a specific person for a specific time frame.

I am ordered by a Judge of the Court in a legal proceeding.

I am appointed by the Court to evaluate you.

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Appointments

I usually make appointments over the phone. Call my office and leave a message and I will return it within 24 hours. We can set appointment times, discuss my therapeutic orientations (Cognitive Behavioral Therapy, CBT), and discuss costs and means of payment at that time. If it is your first visit, please come with the appropriate Counseling forms downloaded from my website and filled out with your signatures. This will save time. Additionally, when you arrive at our location please find our waiting area in Suite 102. There are bathrooms in the building that require a key. I may be in session when you arrive and will come out to welcome you on the hour.

Many of my existing clients choose to contact me by text to set up appointments. However, I am not able to set up a first appointment by text. I am not usually available on weekends but emergencies are a priority regardless of what day they occur. In regard to vacation or conferences, another therapist will be covering for me. If you are 15 minutes late for a session, you will be billed for that session. That time has been committed to you so please give yourself the benefit of a full therapy session and be on time.

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Cancellation Policy

Appointments not canceled 24 hours in advance, may be charged for the full session. You are responsible for late cancellations and no shows.

Insurance companies and Victim Witness will not reimburse you or me for missed appointments. You will be charged directly for missed sessions not cancelled within 24 hours.

Fees/ Payments/Insurance Billing

Payment of counseling appointments are collected at the beginning of the session so as not to detract or interrupt thoughts that flow from our time together. You may use cash, check, credit, or debit.

If for reasons of non-payment your account goes to collections, there will be an added 25% fee for the added cost of collections. Fees are as follows and are subject to change:

**FEE SCHEDULE**

Individual or Couples Therapy —————50 minutes—————\$100.00  
Group Therapy- —————50 minutes—————\$35.00  
Emergency Session —————50 minutes—————\$125.00  
Report Writing—————per hour—————\$100.00  
Court Appearance (including subpoenas)——per hour\$100.00———\$400.00 per 1/2 day  
\$800.00 per full day.

Consultations - 15 minutes——No Cost  
Crisis Calls—————\$10.00 per 10 minutes.

Negotiated prices are determined on a case by case basis according to hardship, and are not to be considered as a long term solution.

INSURANCE BILLING

Please authorize your Insurance Company to directly pay Kim Pattison Counseling for counseling services rendered. It is your responsibility to contact your Insurance Company to determine your co-pay fee and to confirm that I am in network with your Insurance Company and if not, to verify that your policy will pay out of network providers.

Signing below indicates your understanding and agreement with this contract, including the cancellation policy and fee schedule.

Client Signature\_\_\_\_\_ Phone\_\_\_\_\_ Date\_\_\_\_\_

Print Name\_\_\_\_\_

Can we leave a message at your home? Yes\_\_\_\_\_No\_\_\_\_\_

Sign below to indicate receiving Notice of Privacy Practices of Kim Pattison Counseling:

Client Signature\_\_\_\_\_