

Linda Lewis Griffith, M.A.
Marriage and Family Therapist
11549 Los Osos Valley Road, #200
San Luis Obispo CA 93405

License: MFC 19473
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LETTER OF AGREEMENT

I hereby agree that I am entering treatment, or that my minor age child is entering treatment, with Linda Lewis Griffith, M.A., M.F.T. I understand that:

* All information that I share with her will be held in the strictest confidence. No information shall be released to any person or agency without my written consent. Exceptions will be made in the following instances only:

1. A client is deemed to be a danger to him/herself or others.
2. Child abuse or physical abuse of a disabled adult is disclosed during treatment.
3. A client's records are subpoenaed by a court of law.

* Fees are due and payable at the time of service unless prior arrangements have been made. I am responsible to pay the amount of **\$115** each session.

* I understand that Ms. Griffith does not accept any insurance. I may receive a receipt for services rendered upon request, and I may submit that receipt to my own insurance company for reimbursement.

* I agree to attend scheduled appointments to the best of my ability and, in the event I am unable to attend, I will notify Ms. Griffith of the cancellation as soon as possible. I understand that I may be responsible to pay a no-show fee of \$60.00 for missed appointments or for cancellations made within **24 hours** of the scheduled appointment time.

* I understand that I am welcome to call or e-mail Ms. Griffith between scheduled appointments. However, in the event of a life-threatening emergency, and in the event that she or an on-call therapist cannot be reached, I understand that I can call **9-1-1** for 24-hour assistance.

_____ date

_____ client or parent signature