



If I fail to cancel a scheduled appointment at least 24 hours in advance (or 48 hours for Saturday appointments), I understand that an **automatic** charge of \$70 will be made for the missed appointment. I understand that I will be responsible for this fee as insurance does not pay for missed appointments. You can call me at 980-202-2477 to notify me or leave a message. If I fail to attend two consecutively scheduled sessions without notifying Jenna, she may assume that I wish to terminate services and she will notify me, in writing, that services have been terminated. I also understand that two consecutively cancelled sessions without prior notice may result in loss of an established appointment time. I also understand that I may terminate services at any time by notifying Jenna Lavoie, MA, LPCA.

Parents of minor children attest by their signature that they will not demand session content from Jenna Lavoie and will uphold the confidentiality of the child's treatment with the understanding that the counselor, by law, has to report if the child threatens harm to self or others or if he/she discloses that he/she has been harmed.

Children whose parents are involved in divorce/custody proceedings agree to allow my work with their child to remain therapeutic and not to involve me, or the treatment I do with minor clients in legal proceedings. My role is to remain as an advocate/safe person for your child and subjecting the treatment process to legal proceedings prohibits the efficacy of treatment and can potentially cause your child undue emotional harm.

Custody evaluations are done by trained professionals that are specifically involved in making recommendations related to custody. This includes standardized testing and evaluations. This is **NOT** a service I provide, nor is it the role I take as your child's therapist. I will, however, make recommendations should I have concerns through my work with your child related to parenting.

If for any reason I am requested to testify in court regarding your case my fee is \$200.00/hour. This includes travel and waiting time. I require a \$500.00 retainer fee in advance. You will be responsible for payment of this fee in full. If I feel that testifying in court has jeopardized the client/therapist relationship, I will also no longer be able to see your child in therapy.

\_\_\_\_\_  
Client Name (Printed)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature

\_\_\_\_\_  
Date