

Tracy R. Zemansky, Ph.D.

Courage to Change, Inc.

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Dear Client,

Welcome to my office. Please take time to read my office policies:

Individual appointments are forty-five minutes unless otherwise arranged. I suggest that you take care of payment, scheduling and other business at the beginning of the session so that we can work right up until the end. I encourage you to arrive early so that you can settle and reflect before your session starts. A minimum of 48 hours notice for all cancellations or re-scheduling requests is required, or the full hourly fee will be charged. Please note that most insurance companies will not pay for late cancellations or missed appointments.

Payment or co-payment for sessions is due at the time service is rendered. Insurance forms will be provided upon request. The forms have all the necessary information required by insurance companies. Interns are supervised by licensed clinicians in the office. Checks for services provided by interns should be made out to the supervisor. Group sessions are once a week, lasting 90 minutes. To hold your place in group, payment is required weekly, whether you attend or not. There are no exceptions to this policy.

There is a therapist on call during non-office hours for emergencies only. Please leave a confidential message on the answering machine if you need to speak with me, or for any other type of schedule change. If you have not heard back from me within 24 hours, please call back. Be certain to leave your telephone number, even if you think I have it. I generally do not do therapy over the phone; however, if a crisis arises and you need assistance, I will be glad to talk with you.

All information disclosed within the therapy session is confidential with a few legal exceptions. These include child, dependent adult, and elder abuse, as well as situations where clients appear to be of serious danger to themselves or others. It is my office policy and legal duty to report any suspected child abuse. If you have any reason to believe such abuse could be going on within your family, please let me know right away. If you would like me to discuss your case with anyone else, including medical professionals and insurance companies, I will have you sign a Release of Information form. When you decide it is time to end therapy, please give me at least two sessions notice. This allows us to have closure, give each other feedback, and end on a positive note.

Thank you for your cooperation with these policies. If you have any questions or concerns regarding the above, please feel free to discuss them with me. I look forward to working with you to help you achieve your personal goals and growth through the therapeutic process.

Best wishes,

Tracy R. Zemansky, Ph. D.

THERAPIST SIGNATURE/DATE

CLIENT NAME AND SIGNATURE/DATE

PARENT/GUARDIAN NAME AND SIGNATURE/DATE