

Jennifer L. Todd, LCSW, ACHT
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Fee Agreement and Cancellation Policy

- ◆ I understand that I am responsible for payment of the full balance of my bill which is due at the end of each session.
- ◆ I understand that it is my responsibility to submit claims to my insurance company for reimbursement.
- ◆ I understand that I must give at least 24 hours notice to cancel or reschedule an appointment to avoid being charged for the reserved session time.
- ◆ I understand that I may confirm or cancel an appointment via email or text **AND** in the event of an appointment cancellation; I agree to contact Jennifer L Todd, LCSW directly via phone.
- ◆ I agree to *healthy termination* of the therapeutic relationship. This means I will not abruptly stop therapy; I will discuss it in a session and create a plan to terminate.

I may receive a copy of the policy upon request and, by signing it, agree to its terms.

Print Name: _____ Date: _____

Signature: _____