

Frances E. Reinker, Ph.D.

Williamsburg Office Park
1317 Jamestown Road, Suite 102
Williamsburg, Virginia 23185

(757) 220-2700
fereinker@cox.net

Signature Page

Please initial the following and sign at the bottom of the page:

_____ I have received a copy of the Virginia Notice Form, which explains the policies and practices this office uses to protect my private healthcare information.

_____ I have received a copy of the Psychotherapist-Patient Services Agreement. I have read the Agreement and will abide by its terms during my treatment at this office.

_____ I understand that once an appointment hour is scheduled, I will be expected to pay for it unless I provide 24 hours advance notice of cancellation. I understand that I will be charged \$50.00 the first time I miss an appointment or fail to cancel 24 hours prior. Any further missed or cancelled appointments will be charged at the full session fee. After two missed appointments or late cancellations, therapy may be terminated. I understand that insurance companies do not reimburse for missed or cancelled sessions.

Signature (Client/Parent/Guardian)

_____/_____/_____
Date