

Bonnie Goodman, M.A., CT  
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## Information and Consent Form

I have prepared this sheet to give you some information about my practice and office policies.

**Fees and Payment:** Fees are solely for services rendered. The pre-arranged fee is due at the beginning of each 50-55 minute session. Checks should be made out to: Bonnie Goodman, MA, CT.

Phone sessions are sometimes necessary, and you will be billed at a prorated amount.

**Cancellations:** There will be no charge for canceled sessions when you provide 24- hour advance notice. Otherwise, the full session fee will be charged for broken appointments or late cancellations, unless we can find another time in that same week (Tuesdays, Wednesdays and Thursdays).

\*As a Certified Grief Support Counselor, I will not be conducting psychotherapy. Thus, insurance companies do not cover my services. If psychotherapy seems warranted, I will provide you with referrals.

**Confidentiality:** All consultations and records are strictly confidential, and will not be shared with anyone, without a client's written consent.

If you have any questions, please feel free to discuss them with me. I look forward to guiding you through your journey of healing.

I hereby certify that I (we) have been informed and agree to the above policies.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Thanatologist/Grief Counselor  
Grief Counseling for Individuals, Families and Groups