



Holly Lien, MA, LMFT  
Holly@HollyLien.com (530) 220-3433

LICENSE #MFC 35076 1736 Picasso Ave., Suite A, Davis, CA 95618  
Specializing in Individual & Family Therapy, Adolescents, & Adoption

### Professional Service Agreement

**CONFIDENTIALITY:** All information disclosed within sessions is strictly confidential unless you specifically request a release of information in writing. Information may also be released when required by a subpoena.

**LIMITS TO CONFIDENTIALITY:** When there is a reasonable suspicion of child abuse, dependent or elder abuse or when a person presents a clear danger to him/herself or another place.

**FEE:** My standard fee is \$165 for a 50 minute session. Any differing fee must be arranged through a specific agreement with me or through your insurance provider. Services provided outside the scheduled appointments (phone consultations, reports, etc.) are billed at \$165 per hour or portion thereof. Phone conversations should be limited to scheduling appointments and gathering brief information. Fees are payable at the time of the session unless arranged in writing otherwise.

**CANCELLATION/MISSED APPOINTMENTS:** Your appointment is specifically reserved for you. If you must cancel an appointment, please let me know as soon as possible. If I am not notified of a cancellation at least 24 hours in advance of the scheduled appointment, you will be responsible for the payment of the missed session at my standard fee of \$165. Insurance companies do not pay for no-shows.

**EMERGENCIES:** Since you have chosen to see a therapist privately rather than at a clinic, a response to your phone call may take up to 24 hours. If you are in crisis and are unable to reach me at my office phone (530) 220-3433 please call 911 or Suicide Prevention Hotline in Davis at (530) 756-5000.

**INSURANCE:** If you have medical insurance that covers outpatient therapy, you should be aware that coverage differs between insurers. Your policy specifies your co-payment responsibility and the number of visits covered. Please note that the insurance contract is between you and your insurance company, but the final responsibility for payment rests with you. Also, I do not bill for any secondary insurance coverage. For those wanting to use a secondary insurance, I will provide an itemized statement that you can submit to your primary insurance company.

**CASE LIMITATIONS:** Holly does not work with court appointed cases or those involving any legal proceedings.

I have read and understand all of the terms and conditions stated above. By signing and dating this form below, I indicated my informed consent to treatment and to the fee established for me or a member of my family.

Client Name: \_\_\_\_\_  
(print name)

Client responsibility: \$ \_\_\_\_\_ per session (copay if using insurance)

Client signature (or responsible party signature if primary client is a minor):

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