

Iris Avishai Cohen, LCSW-R

Clinical Psychotherapist

NYS Lic. #R042701-3

212-664-0152

New York Office: 303 Fifth Avenue, Suite 1016, New York, NY 10016

New Paltz Office: 153 Butterville Road, New Paltz, NY 12561

Psychotherapy Agreement and Fee Policy

Welcome to my practice. This document contains important information about my practice and policy.

Appointments

Your scheduled appointment has been reserved for you and you alone. In the event you need to cancel or reschedule your appointment, please provide me with at least 48 hours' notice to avoid being charged in full for the missed session. If you miss a session without canceling, or cancel with less than 48 hours' notice, you must pay for the missed session in full. Missed sessions due to dangerous weather conditions or true medical emergencies would be an exception to this policy.

Payment

Unless we agree on a different arrangement you are responsible for paying for your session on a weekly basis. I currently accept check, cash or PayPal.

Availability

For cancelled appointments and other matters, please call or send an email. If you don't receive a response within 12 hours please reach out to me again via text. I check emails and voicemail several times per day and will respond as quickly as possible.

Insurance

I am not an in network provider for insurance plans however upon request I can provide you with a monthly statement to submit to your insurance company for out of network reimbursement.

Please feel free to discuss with me any concerns about my policy. It's important to me that you understand and are comfortable with this arrangement.

Your signature below signifies that you have read, understood and agreed to this policy. Thank you.

Client Name(s): _____

Client Signature(s): _____

Date: _____