

Disclosure & General Information

JULIE ARCHER, LCSW, PhD

CONTACT INFORMATION:

Address: 2211 Norfolk Street
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DEGREES & LICENSES: BA, MSW, LCSW (TX LIC. # 56153), PhD

CREDENTIALS: Twenty five years' experience in the practice of psychotherapy, including work with individuals, couples, families, and groups.

SESSIONS AND PAYMENT: Individual psychotherapy sessions are generally 55-60 minutes in length. Longer sessions can be arranged if clinically appropriate and planned in advance. If you have insurance coverage for psychotherapy, I will be happy to assist you in billing your insurance company. With your approval, **as indicated by your signature below**, I will provide any necessary information requested by the insurance company to facilitate their payment for your therapy sessions. Full session payments and insurance copays are expected at the time of the appointment. Payments may be made by check, cash, and all major credit/debit cards.

CANCELLATION POLICY: In the event that you must cancel a session, please notify me at least 24 hours in advance on my voicemail number, 713-489-8888. If you fail to cancel a scheduled appointment, this time cannot be used by another client. Missed appointments and cancellations with less than 24 hours' notice will result in a \$50.00 charge to you, unless it is due to illness or an emergency. Thank you for your consideration regarding this important matter.

I have been informed of my therapist's degrees, credentials, licenses, and general practice policies.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date