

Sandplay for Life Working Agreement

1. The [HIPAA Policy](#) and this Working Agreement must be signed at or before the first session.
2. Within the first 2-3 meetings, Dr. Hartshorn will assess if she can be of benefit to the client. If she believes she cannot be of service, she will give the client referrals whom the client may contact.
3. Payment:
 - a. For individual sessions, payment is due at each session, unless we agree to monthly billing.
 - b. Payment may be made by cash, personal check or credit card.
 - c. Dr. Hartshorn does not accept insurance, but will provide an invoice that the client may submit to his/her insurer.
4. Cancellation policy:
 - a. 24 hours' notice for a single session, or full payment is due.
 - b. Two weeks' notice for a retreat, or full payment is due.
 - c. Discounted packages must be used within three months, or forfeit the remaining sessions.
5. Dr. Hartshorn does not provide coverage when she is on vacation.
6. Dr. Hartshorn does not provide custody evaluations, legal advice, medication or prescription recommendations, as these activities do not fall within her scope of practice.
7. Should the client be involved in legal proceedings (such as divorce or custody disputes), neither the client or the client's attorney(s) will call on Catherine Hartshorn to testify in court or at any other proceeding, nor will a disclosure of the records be requested unless otherwise agreed upon.

Consent to the Working Agreement

with Catherine Hartshorn, Ph.D.,

Sandplay for Life

I have read and agree to the Working Agreement. I give my consent for Catherine Hartshorn, LCSW to work with me.

Client's Name (print) _____

Signature _____

Date _____

Client's Name (print) _____

Signature _____

Date _____

I, Catherine Hartshorn, agree to work with the client as specified above.

Signature _____

Date _____

Catherine Hartshorn, Ph.D.

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