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 or credit card, via PayPal.
   c. Dr. Hartshorn does not accept insurance. If the client lives in the state of California (where Dr. Hartshorn is licensed to practice psychotherapy), she will provide an invoice that may be submitted to the client's insurer. Dr. Hartshorn is free to offer Life Coaching services in any state, but Life Coaching is not reimbursable by insurance.
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.
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, LSCW 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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