

**Thomas Bender, L.P.C.C.**  
3500 Comanche Blvd. NE, Building E, Suite #13  
Albuquerque, NM 87107  
(505) 681-1140

**CLIENT INFORMATION**

**I. DURATION OF SESSIONS:**

A full session of therapy lasts 50 minutes. A half session lasts 25 minutes. This means that we will end a full session approximately 10 minutes before the end of our hour, a half session 5 minutes before.

**II. CANCELLATION POLICY/CANCELLATION WAITING LIST:**

*When you make an appointment with me, I reserve that time especially for you. I require 24 hour cancellation notice or you will be charged for that time.* A full session late cancellation/no show fee is \$50.00. Half session is \$30.00. Insurance companies do not cover any part of the cancellation/no show fee. The reason for this policy is that I offer a "Cancellation Waiting List" for any client who is needing an appointment when my schedule is full. The 24 hour notice allows clients time to make arrangements to come to the available appointment.

(Also, if you are going to be more than 20 minutes late for an appointment, it's a good idea to call and let me know so that I do not leave the office.)

**III. EMERGENCY TELEPHONE CONSULTATIONS/URGENT SESSIONS:**

If you should need to reach me in an emergency or to schedule an urgent session, and it is during regular business hours, call my office at (505) 681-1140 and leave a message. I check my messages frequently, and will return your call as soon as I can. If it is outside of regular business hours, call my voice mail (or the clinician covering for me if I am out of town). If you have a block on incoming calls, dial "\*87" to remove the block so that I can reach you if I am calling from a remote location. (When we finish, you can restore the block by dialing "\*77")

**IV. CONFIDENTIALITY:**

What we discuss in our therapy sessions is considered strictly confidential. I cannot release information about you to anyone without your written permission. THERE ARE SOME EXCEPTIONS TO THIS POLICY, including, but not limited to, the fact that if your treatment is court-ordered, the court has free access to your file. Also, if I feel you are at risk of harming yourself or someone else, or have reason to suspect child abuse, I am obligated to inform appropriate authorities and/or family members of my concern. PLEASE LET ME KNOW IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT CONFIDENTIALITY SO THAT WE CAN DISCUSS THIS IMPORTANT ISSUE.

**V. ENDING TREATMENT:**

Throughout treatment, we will be addressing your progress, goals, and anticipated length of therapy. Should you decide not to return for any reason, please contact me to let me know. I will facilitate a referral to other services, if desired. Your file will be closed if no services are documented for 120 days.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date