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## OFFICE POLICIES

**Payment for Service:** You are expected to pay for services at the time they are rendered unless other arrangements have been made. Please notify me if any problem arises regarding your ability to make timely payment.

**Insurance Reimbursement:** Patients who carry insurance will bill their own insurance. I will provide you with the appropriate billing information, which you will send for reimbursement. I do not bill insurance companies nor do I accept payment from them.

**Cancellation:** Since an appointment reserves time specifically for you, a minimum of 24-hours notice is required for rescheduling or cancellation of an appointment. The full fee will be charged for missed sessions without such notification. Most insurance companies do not reimburse for sessions missed.

**Business Hours:** Therapy sessions are by appointment only. If you need to contact me between sessions, please leave a message or send an e-mail and I will respond as soon as possible.

**Telephone Time:** After 5 minutes of telephone time for issues other than scheduling, you will be charged at your regular fee, prorated to the nearest quarter hour.

**Extended Sessions:** Sessions that go beyond fifty minutes will be prorated to the nearest quarter hour.

**Emergency Procedure:** An emergency is an unexpected event that requires immediate attention and can be a threat to your health. If an emergency situation arises, please state this when you leave your message and I will return your call as soon as possible. After 5 minutes of telephone time, you will be charged on a prorated basis. If an emergency is life threatening, and the emergency requires it, please call 911 or proceed to a hospital.

I have read and understand these office policies.

Client's Name  
Printed \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_