

**SANDRA DONALDSON, MDIV. DMIN.**  
Pastoral Counseling & Marriage & Family Therapy  
921 E. 86<sup>th</sup> Street, Suite 210B  
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**CONSENTS AND AGREEMENTS**

**Consent for Treatment:** I give permission to Sandra Donaldson, MDiv. DMin., to provide services to me or my dependents that are within the scope of my therapist's training and certification and I hereby acknowledge said permission by my signature below.

**Financial Agreement:** Payment is expected at each session. Please bring your checkbook or exact change with you. I am not able to make change with regularity. There will be a \$25.00 charge for every check returned or resubmitted. Payment plans can be established under certain circumstances and with advanced notice. *Please do not let financial concerns stop you from getting the care you need. Let's have a conversation about options.*

**Appointments and Cancellations:** I am aware that I am financially fully responsible for all missed or cancelled appointments if they are not cancelled within 24 hours of the appointment time.

**Phone Consults or Phone Appointments:** A phone consult is a mutually agreed upon appointment by phone, or in the case of an emergency when circumstances preclude us meeting face to face. The fee for a phone consultation is billed in 15 minute increments at \$22.50. I will not bill you for scheduling or cancelling appointments or answering simple questions or without your consent. If your call is of a therapeutic nature and you begin telling me about a specific problem, then I will let you know that the time for the phone consult has begun.

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

Print Name \_\_\_\_\_

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