

**REBECCA J. TRIMBLE, MSW, LCSW**

**CLINICAL SOCIAL WORKER**

**REQUEST FOR SERVICES**

I, the undersigned, hereby authorize and request **Rebecca J. Trimble, MSW, LCSW** to render professional clinical social work services to: \_\_\_\_\_

The fee has been fully explained and I understand that I am to pay said fee accordingly. I understand that **sessions are 45 to 50 minutes** in length and that administrative matters are handled at the beginning of each session.

If insurance applies, I understand that I am responsible for any balance due should insurance fail to pay.

I also understand that a charge will be made for substantive phone calls and written reports to other professionals based on time spent according to the current fee schedule.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(Patient, Parent, Guardian)

**CANCELLATION POLICY**

If you fail to cancel a scheduled appointment, I cannot use this time for another client and you will be billed for the cost of your missed appointment.

**A 24-hour notice is required for cancellation of an appointment for any reason, as this time is reserved for you.**

Thank you for your consideration regarding this important matter.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(Patient, Parent, Guardian)