

## POLICIES AND PROCEDURES

**FEE SCHEDULE:** Fees for services are \_\_\_\_\_. This fee is for a 50-minute session and would encompass individual or family therapy. Special fees are determined for sessions longer than 50 minutes or for group therapy.

**PAYMENT POLICY:** Payment is due in full at the beginning of the session. This avoids any last minute disruption in counseling and allows for appropriate use of therapy time. The policy is to charge the full session fee for appointments missed without 24 hours notification. The full payment is due at the time of service even if you are going to file with a third party.

**CONFIDENTIALITY:** Your treatment is confidential within the limits prescribed by law. In general, no information about your treatment will be released without your written consent. However, relevant laws require that I contact others about your safety if you present a danger to yourself or to others, if I learn of child abuse or neglect, or if ordered by a court. If you choose to use insurance or managed care companies, I may be required to release confidential information in order for you to receive reimbursement.

**APPOINTMENTS AND ACCESS:** Please give the therapist 24 hours notice when canceling appointments. Subsequent appointments are to be made at the end of each session. In the event of an emergency, please dial 911 or have yourself transported to the nearest hospital emergency room.

I have read these policies and procedures and agree to comply.

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_