

CLINICAL POLICIES

LENGTH OF APPOINTMENT

The regular clinical Session (a “clinical hour”) lasts **50** minutes, a 1/2 Session lasts **25** minutes, a 1 1/2 Session lasts **75** minutes, and a Double Session lasts **1** hour and **45** minutes.

FEES

The fee for Clinical Sessions are figured at the rate of **\$150.00** per clinical hour, and the fee for a Half Session is **\$80.00**. Using that as the basis for calculation, the fee for a Session and a Half (1 1/2 Session) is \$230.00, and for a Double Session is \$300.00. Unless otherwise arranged, you are expected to make full payment at the time of your appointment. **Payment for a Session** needs to be in the form of a check or cash, I do not accept Credit Cards.

CANCELLATION OF APPOINTMENT

You will be charged for missing an appointment or, for canceling an appointment without **twenty-four (24)** hours advance notice, so that the time may be scheduled for another client. Late cancellations will be billed for the **full time scheduled**, at the rates indicated above, \$150.00 per hour and \$80.00 per half hour. So, please keep this in mind in the future when you miss an appointment or are considering canceling an appointment at the last minute.

The cancellation policy applies **regardless of the reason** for cancellation. Please note that an Answering Machine may be reached 24 hours a day, seven days a week.

INSURANCE

Insurance Coverage is not determined by the Therapist and is an issue that needs to be addressed with the Client’s Insurance Provider. Insurance Coverage differs according to different Insurance Providers and, even within Insurance Plans by the same Provider. Upon request, I can provide you with a receipt that includes all of the information that you will need to seek reimbursement from your Provider, such as Diagnosis, License Numbers, etc.

CONFIDENTIALITY

Information presented during therapy is confidential. However, you need to be aware that there are some rare exceptions where ethics and/or Texas State Law requires confidential information to be shared. These include situations where there is clear indication of child abuse, elder abuse, or abuse of the disabled. In some cases, your file may be subject to a court subpoena. In addition, if you file for insurance reimbursement, insurance companies may require routine information.

TELEPHONE CALLS

Routine telephone calls regarding scheduling, or brief questions that may arise during your therapy process, are an aspect of services provided, and are not billed. Telephone calls that are more extensive and/or are more therapeutic in nature will be billed on a prorated basis. Calls that are more therapeutic in nature will most likely need to be scheduled.

MISCELLANEOUS

You may terminate the therapeutic relationship at any time you desire without fault.

LPC Consumer Complaint Hot-Line 1-800-942-5540
Texas State Board of Examiners of Professional Counselors
1100 West 49th Street
Austin, Texas 78756-3183

Please note that the offices in this Suite are home to different individuals, each of whom is engaged in his or her own private practice. Each person is an independent practitioner and is not in partnership with or affiliated with other individuals leasing space in this Suite.

I understand and accept the Clinical Policies.

Signature

Date