POLICIES & PROCEDURES

We want to welcome you to our office and thank you for choosing our practice to meet your counseling needs. As we start our counseling relationship together, all of our counselors want to make sure that we have informed you of what to expect in your time with our practice.

SESSION TIMES:

Session times are reserved for you. Unlike primary care physician's offices with multiple clients every 15 minutes, our counselors set aside 53 minutes to meet with you in your session and reschedule for future appointments. The last 3 minutes of each session is used to reschedule with the counselor.

NO-SHOWS, LATE CANCELLATIONS & SCHEDULING:

It is important that you understand and agree to our No-Show Policy. Our counselors have devoted their career to helping others. For them to be able to support themselves and their families, they depend on their income from their session times. Just as it would be a hardship for your family if your employer were unable to guarantee how much you could depend on making each paycheck, our counselors depend on the income that is generated by the session times.

For this reason, clients who have to no-show for any reason or late cancel with less than 24 hours notice will be charged a 75.00 fee. The No-Show will be charged to the card on file the following business day after a client has been notified of their No-Show appointment. If the charge does not go through for the card on file, the client will be notified that the balance must be paid within 7 days or all future appointments will be cancelled.

Appointment scheduling, rescheduling, or cancelling **is not accepted through client portals or through e-mail**. Please call the office and leave a message if you reach our voicemail. To avoid the late cancellation fee with more than 24 hours notice, you may leave notice of cancellation on our voicemail at any time, which will note the day & time you called. Please give the reason for cancellation on the voicemail. For Monday appointments, cancellations can be left on our voicemail on the weekend 24 hours in advance.

LATE ARRIVAL & SCHEDULING:

If you are more than 15 minutes late for your appointment, you will be responsible for the $75.00 fee for the session, which is not reimbursable by insurance.

NO-SHOW FOR MEDICAID CLIENTS:

We selectively accept Medicaid Insurance from specific referral sources for children who are in the process of being adopted or have recently been adopted. For all other clients, our office charges a $75.00 fee for all appointments that are not cancelled at least 24 hours in advance. Because we are unable to bill Medicaid or our clients using Medicaid for No-Show appointments, we provide referral sources to pursue counseling from another provider once a No-Show occurs.

ACCOUNT BALANCES & CREDITS:

- The credit card on file is to be used for:

1. Balances of charges not paid within 30 days, but not to exceed $300.00.
2. Cancellation fee if an appointment is not cancelled within 24 hours to be charged the following business day.

- To help control costs we ask our patients to pay their office visits at the time service is rendered. For balances on an account, the full amount is due before the client can resume counseling.
- We issue credits in the form of a check to clients a month after the client has completed counseling and all insurance payments have been received. Credits include overpayments on a client's account, as well as cash that was placed on file for no-show appointments.

SCHOOL & WORK NOTES:

School and work notes are also available at the time of rescheduling.

EMAILS:

For counselors working with children, a message through the portal is required before each session that is attended by the child individually. Messages need to be received by the morning of the child's appointment.

RELEASE OF INFORMATION:

We require releases to be signed before any information regarding a client is released whether verbally or written from our office to any physician, school personnel, etc.

WAIT LIST PROCEDURES:

New and current clients can ask to be put on the wait list for their counselor. When a cancellation occurs, clients are texted and the first client to accept the appointment is the one to receive the appointment. An offer of an appointment through a text does not guarantee that the opening will still be available when the call is returned to our office. A client's name is not put in the scheduler until the client has called to confirm the appointment.

EMERGENCIES:

For after hours emergencies, call 911 or Contact Hotline at (817) 335-3022 – Tarrant. This hotline is available 24 hours a day and is free.

CONTINUED CARE:

I understand the following fully:

- After two consecutive missed appointments without 24 hour cancellation notice, the client will be given referrals for further treatment at other counseling facilities and will be considered an inactive patient.

LIMITS OF CONFIDENTIALITY:

Discussions between a therapist and a client are confidential. No information will be released without the client's written consent unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations:

- *child abuse*
- *abuse of the elderly or disabled*
- *abuse of patients in mental health facilities*
- *sexual exploitation*
- *criminal prosecutions*
- *child custody cases*
- *suits in which the mental health of a party is in issue*
- *situations where therapist has a duty to disclose, or where, in the therapist's judgment, it is necessary to warn or disclose (fee disputes between the therapist and the client; a negligence suit* brought by the client against the therapist; or the filing of a complaint with the licensing or certifying board.)

CONSENT TO TREATMENT

I, voluntarily, agree to receive Mental health assessment, care, treament, or services, and Authorize the undersigned therapist to provide such care, treatment, or services as are considered necessary and advisable.

I understand and agree that I will participate in the planning of my care, treatment, or services And that I may stop such care, treatment or services that I receive through the undersigned therapist at any time.

By signing the New Client Information forms and the Consent to Treatment form, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained. Many opportunities have been offered for me to ask questions and seek clarification of anything unclear to me.

Print Name of Client____

Signature of Client
____ or

Signature Parent/Legal
Representative____

Date:_________________________________

Counselor Name:____