



## OFFICE POLICIES & PROCEDURES

### FEE STRUCTURE

The fee is based on a 50-minute psychotherapy session. The standard fee is \$175. Payment is to be made in full at the beginning of each session in the form of cash, credit card, or personal check. Sessions can be paid for in advance and credit card numbers can be kept on file in a secure manner. The client is responsible for payment of fees. In the unlikely event of insufficient funds all bank charges are also the responsibility of the client.

### CANCELLATION

I understand I will give a minimum of 24 hours notice if I must cancel or change my appointment. In the event my time can not be filled by another client I understand I will be charged for my missed appointment without 24 hours notice.

### INSURANCE

The SD Therapist does not do insurance billing. It is the client's responsibility to submit claim forms for reimbursement to their insurance carrier. The therapist will supply an acceptable receipt. When reimbursement to you occurs for services, **The SD Therapist** can have that switch over to us with the client then being responsible for the co-pay if any.

### PHONE CALLS

Periodic phone calls for reasonable durations are not charged to the client. They are part of the administration of your treatment. 50-minute phone sessions can be scheduled at the same standard rate as other appointments.

### CONFIDENTIALITY

If you are an adult, the content of the psychotherapy session is confidential. However, confidentiality can be broken:

- If you are behaving in a manner that poses a real and imminent threat to the life or property of another
- If you are using confidentiality as a means of avoiding legal punishment
- If in the therapist judgment you pose a danger to yourself
- If the therapist suspects an instance of child or elder abuses
- If it is necessary to pursue collection of overdue fees

### CASE MANAGEMENT

The client benefits from the therapist consulting other professionals. A release of information is required for us to be able to consult, request or send records to other specific professionals. As a matter of treatment other mental health professionals may be consulted about the nature of the case not the clients themselves.

Please sign and date below to signify you have read and understand the policies and procedures of The SD Therapist. If you are uncomfortable or need further understanding regarding the above material, please discuss this with your therapist before you sign.

Thank you for allowing us to participate with you in achieving a healthier, fuller life.

DATE \_\_\_\_\_

CLIENT SIGNATURE \_\_\_\_\_