

PRACTICE POLICIES

APPOINTMENTS AND CANCELLATIONS

PLEASE REMEMBER TO CANCEL OR RESCHEDULE 24 HOURS IN ADVANCE. PAYMENTS ARE PROCESSED UP TO 24 HOURS PRIOR TO YOUR APPOINTMENT TIME. THEREFORE, YOU WILL BE RESPONSIBLE FOR THE ENTIRE FEE IF CANCELLATION IS LESS THAN 24 HOURS IN ADVANCE. FOR THIS REASON, I REQUIRE CREDIT CARD INFORMATION TO BE KEPT ON FILE TO RESERVE YOUR SESSION. IF YOU WOULD PREFER TO PAY WITH CASH OR CHECK, I REQUIRE A MINIMUM OF ONE SESSION PRE-PAYMENT.

The standard meeting time for psychotherapy is 50 minutes. It is up to you, however, to determine the length of time of your sessions. Requests to change the 50 minute session needs to be discussed with the therapist in order for time to be scheduled in advance.

A \$10.00 service charge will be charged for any checks returned for any reason for special handling.

Cancellations and re-scheduled sessions will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. NOTE: I require a credit card number to be kept on file in order to reserve your appointments. Payments are processed up to 24 hours prior to your appointment time. If you would prefer to pay cash or check, please prepay at least one session in advance. If you are late for a session, you may lose some of that session time.

FEES, PAYMENTS, AND BILLING

Payment for services is an important part of any professional relationship. You are responsible for seeing that my services are paid for. Rates are as follows:

50 minutes counseling session (Individual, Marital, or Family) \$75

Reports, letters, etc. \$100 per hour

I reserve the right to turn over unpaid balances to a collection agency or to small claims court.

As a marriage and family therapist, I work for the preservation of marriages and families. I do not prefer to assist in their dissolution. However, I understand that there are times that marriages end in divorce and / or custody disputes. IF YOU REQUEST THAT I APPEAR IN COURT, I REQUIRE A RETAINER FEE OF \$5,000 TO BE PAID PRIOR TO THE COURT APPEARANCE. This covers my attorney fees, time used in preparation for court, and a single court appearance (maximum 4 hours, anything beyond 4 hours is billed at \$100 per hour).

TELEPHONE ACCESSIBILITY

[Type text]

Clear Vision Counseling, 615 N. Walton, Suite M, Bentonville, AR 72712, (479) 270-2806, www.cvcounseling.org

If you need to contact me between sessions, please leave a message on my voice mail. I am often not immediately available, however, I will attempt to return your call within 24 hours. If a true emergency situation arises, please call 911 or any local emergency room.

SOCIAL MEDIA AND TELECOMMUNICATION

Due to the importance of your confidentiality and the importance of minimizing dual relationship, I do not accept friend requests from current or former clients on any social networking sites (Facebook, Linkedin, etc). I believe that adding client as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the lines of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

FLECTRONIC COMMUNICATION

I cannot ensure the confidentiality of any form of communication through electronic media, including text messages. If you prefer to communicate via email or text messaging for issues regarding scheduling or cancellations, I will do so. While I may try to return messages in a timely manner, I cannot guarantee immediate response and request that you do not use these methods of communication to discuss therapeutic content and / or assistance for emergencies.

MINORS

If you are a minor, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

BY SIGING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature	 Date	