

Business Policies

Confidentiality: All identifiable information is kept confidential unless you sign a release of information.

Limits to confidentiality:

1. I am mandated by law to disclose information I believe you (minor clients) may be a danger to yourself or to another personal or their property.
2. I am mandated by law to disclose information about suspected child or elder abuse.

Sessions: Couples' sessions and EMDR sessions are 90 minutes in length with a session rate of \$100. Individual sessions are 60 minutes in length with a session rate of \$70. Usually consistent sessions provide the most effective therapeutic benefit, however, session frequency will be agreed upon when developing treatment goals. If the session goes beyond the scheduled 60 or 90 minute allotted time, there will be an additional charge of \$18 per 15 minutes in addition to the session rate due at the time of service.

Payment: Payment is due at the time of the service. I do not bill your insurance but can provide an invoice for services if you are seeking reimbursement through your insurance carrier.

Cancellations/No Shows: If you need to cancel or reschedule an appointment, you must give 24-hours **notice**. If less than 24-hour notice is given, or are more than 15 minutes late or you are a no show, you will be charged for the time reserved for you. Please provide credit/debit card information below to be utilized only for this situation:

Name on Card: _____

Card Number: _____

Expiration Date: _____ **CVV** _____ **Billing Zip Code** _____

Phone consultations: If you find it necessary, and my schedule permits, I am available for phone consultations at the usual hourly rate in 15-minute increments.

I can be reached through my cell phone Monday through Friday during regular business hours. During nights and weekends, I am available according to prearranged times or for emergencies. If you reach my voice mail, please leave a clear message including your name, phone number and the best time to return your call. I'm also available via email at holisticmentalhealthservices@gmail.com.

Please read and discuss any questions you may have with me prior to signing. Your signature indicates you understand and accept these policies.

Signature: _____

Date: _____

Signature: _____

Date: _____