

Office Policies and Procedures

Client's Informed Consent

In order to proceed, we need to make sure you understand our center's policies and what your treatment will entail. Please sign to show that you understand all of these policies and procedures. Please notify your therapist if you have any questions or concerns.



- 1. Cancellations:** Your therapist will need a minimum of **24 hour notice** if you need to cancel or change your session. If you do not cancel within 24 hours, you will be charged for the session that you missed.
- 2. Session Time:** A session is **53 minutes long**. Your actual counseling time is 45 minutes and 8 minutes are reserved for payment and scheduling. This allows your therapist the remaining 7 minutes to take notes and prepare for his/her next client. *****We ask that you please respect this timeline! Your therapist works hard for you and needs this short window of only 7 min to mentally refresh and take care of themselves. Therapists sometimes sit and listen to their clients for several hours at a time. Ultimately, this also allows our therapists to give you their very best focus and attention.***
- 3. Fees:** The fee for a **Comprehensive Initial Assessment** (Your first session) is \$180. The fee for a 53 minute psychotherapy session is \$150 for our licensed psychotherapist and \$120 for our registered Interns. The fee for a 53 minute group session is \$50. Reductions in fees are considered in some cases. Please discuss with your therapist if a reduction can be made. (Your agreed upon reduction is \$_____ per session). Written reports or treatment summaries are charged at the same hourly rate.
- 4. Payment:** Payment is to be made at the beginning of each session in the form of cash, credit card, or personal check. Payment is to be made out to **Flourish Counseling Center**.
- 5. Returned Checks:** Flourish Counseling Center will require a \$35 fee (in addition to the original amount for any returned checks).
- 6. Insurance:** Flourish Counseling Center is mainly a "Fee for Service" practice. Flourish Counseling Center does not bill insurance companies. (Some exceptions are made but this should be discussed with your therapist.) It is the client's responsibility to submit claim forms for reimbursement to their own insurance company. Your therapist will supply

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you a suitable receipt called a “Superbill”. If your insurance denies payment of any service, payment of services is your responsibility.

7. Phone Sessions/Emails: Phone sessions and email communication are charged at the same rate as individual counseling. If you need to speak to your therapist outside of your sessions and the phone conversation or emailing takes **longer than 10 minutes** your therapist will need to charge you for this time. Due to a high volume of calls, please wait to discuss any concerns until your next session unless it is urgent or regarding scheduling.

8. Litigation Limitation: At Flourish Counseling Center we provide counseling services only. We do NOT have expertise, nor do we provide custody evaluations, testifying in lawsuits, workers comp or disability evaluations. If you are in need of these services, please contact a local forensic specialist.

9. Confidentiality: If you are an adult, anything you say or do in the context of psychotherapy is confidential with these exceptions:

- a. If you are behaving in a way that poses a threat to the life of another person, confidentiality must be broken. We are bound by law to contact the person(s) involved as well as the police to warn them of possible harm or danger.
- b. If you are using confidentiality as a means of avoiding legal punishment, confidentiality must be broken. Psychotherapists may not aide or abet in committing a crime. The Patriot Act 2001: health information may be disclosed to authorize federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.
- c. If your therapist believes a client is in danger of harming herself/himself or is gravely disabled the counselor can break confidentiality in order to protect the client from harm.
- d. If the therapist suspects **any** instance of child, elder or dependent adult abuse, the therapist is legally required to report this to the proper authorities.
- e. California’s **AB1755 New Child Pornography Law** (in effect Jan 1, 2015), requires psychotherapists, counselors and other mental health professionals to report if a patient has knowingly downloaded, streamed, or accessed (that is viewed) any electronic or digital image in which anyone under 18 is engaged in an act of obscene sexual contact.
- f. Cases may be discussed with other therapist (names will remain confidential) for the purpose of benefitting the therapeutic process.

A release of Information Form signed by you is required before we will send any records, information, communication or request to or from any other parties. The exception is in the case of a delinquent account. Financial information can be forwarded to a collection agency; however, we hope that would never be necessary.

Signature _____ Date _____

Client (or Parent/ Guardian of Client)

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