

POLICIES AND PROCEDURES

FEE SCHEDULE: Fees for services are _____. This fee is for a 50-minute session and would encompass individual, marital or family therapy. Special fees are determined for sessions longer than 50 minutes or for group therapy. Phone calls are charged on a prorated basis in ten (10) minute increments after the first ten (10) minutes.

PAYMENT POLICY: Payment is due in full at the beginning of the session. This avoids any last minute disruption in counselling and allows for appropriate use of therapy time. Checks are to be made payable to Kimberly Elgie. My policy is to charge full fee for appointments missed without 24 hours notification. The full payment is due at the time of service even if you are going to file with a third party. The only payment methods available at this time are cash or checks.

CONFIDENTIALITY: Your treatment is confidential within the limits prescribed by law. In general, no information about your treatment will be released without your written consent. However, relevant laws require that I contact others about your safety if you present a danger to yourself or to others, if I learn of child abuse or neglect, or if ordered by a court. In addition, I may consult with other therapists in supervisory roles and situations, without revealing your identity, to improve the quality of your treatment. If you choose to use insurance or managed care companies, I may be required to release confidential information in order for you to receive reimbursement. If you (client) are under 12 years of age, I may discuss your treatment with your parent(s) or legal guardian(s). If you are over 12 years of age and under 18 years of age, I may discuss your treatment with your parent(s) or legal guardian(s) with your consent.

INSURANCE PROCEDURE: If you have a major medical policy that covers outpatient mental health and you wish to use this policy, please note the following: As your therapist, I am not responsible for confidentiality procedures employed by other parties, e.g., insurance companies, managed care companies, etc. Due to the fact that other parties often create computerized records, I am unable to guarantee the confidentiality of your records should you use your insurance company to subsidize the cost of therapy.

If your choice is to use insurance, you are responsible for completing and filing insurance claims. I will provide you with a monthly statement detailing your charges and payments which you may submit with your claim forms. If insurance is used, a Release of Information form will have to be signed authorizing Kimberly Elgie to release necessary diagnostic, clinical and treatment information to your insurance company.

APPOINTMENTS AND ACCESS: Initial appointments or referrals are to be made by calling Amy McGown or Kimberly Elgie calling 281-392-6400. Subsequent appointments are to be made at the end of each session. In the event of an emergency, please follow the instructions given in the message at the previously mentioned number. If you believe your safety or life is endangered, please dial 911 or have yourself transported to the nearest hospital emergency room.

I have read these policies and procedures and agree to comply.

Client Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____