

POLICIES AND INFORMATION

APPOINTMENTS: Appointments are 45- 60 minutes in length depending on the contract I have with your insurance company. In case of an emergency, I will see you within 24 hours of receipt of your call. Appointments may be canceled or changed without charge up to 24 hours before the scheduled time. **Missed or late cancellation of appointments without 24-hour advance notice will result in a \$60.00 charge, except in cases of emergency.**

FEES: My session rate for therapy is \$130.00, which includes the NM gross receipts tax. Unless special arrangements are made in advance, payment is expected at the time of each visit. I require a credit card on file to cover any charges that you do not pay or that is not covered by your insurance. This form gives your permission to charge for any late cancellations, no shows, co-pays or deductibles not covered by your insurance. If your check bounces and I am charged a fee this will also be put on your credit card. I am willing to work out payment arrangements.

INSURANCE REIMBURSEMENT: I am contracted with most insurance plans, if for some reason your insurance company does not cover your visit, you will be responsible for payment for the services rendered. Some insurance companies require pre-authorization. For your benefit and peace of mind, please make sure you have contacted your insurance company beforehand.

COMPLAINTS: If you have a complaint about services, please notify me in writing immediately and I will work with you to resolve it appropriately and fairly.

CONFIDENTIALITY: State and federal laws have declared that information disclosed by clients in counseling sessions is confidential. These laws provide some exceptions by which counselors may be required to release confidential information. Exceptions are:

Review of case material with a clinical supervisor.

Review of case material as mandated by an agency providing medical coverage.

Response to written release of information provided by the client.

Response to a court order.

Reporting of suspected child abuse as required by law.

Reporting of a client's intent to commit a crime as required by law.

Reporting of a client's intent to harm self or others as required by law.

REFERRALS: If you find our work together valuable, please refer other people to my practice. People often appreciate a referral to a counselor based on your personal experience.

TERMINATION: When you are ready to leave I would like to help you leave me well. In order to leave well all you need to do is give me advance notice. When leaving is handled in a healthy way, this often turns out to be the most productive time in therapy.

I HAVE READ THIS INFORMATION. I UNDERSTAND IT FULLY AND I CONSENT FOR TREATMENT WITH DEBRA THOMPSON.

Signature of Client

Date