

GENERAL OFFICE POLICIES

The general policies of _____ (name of therapist/practice)'s office are explained below. Please take a few minutes to review them and bring up any questions with your therapist.

Contacting Your Therapist

- The phone number for your therapist is: _____
- There are times when your therapist is with a client, or not able to answer the phone, and you are encouraged to leave a voicemail message with your name, number, time of call, as well as a brief message and the best time to reach you. All messages are treated confidentially. Your call will be returned as soon as possible.
- **In the case of an emergency, please call 911 or go to the nearest emergency room.**
- We do not encourage emailing your therapist. Email can be overlooked or can go into a spam folder.
- You are discouraged from contacting the therapist using any form of social media.

Intake and Consent Forms

- Please note the release of client clinical information is strictly governed by the Health Insurance Portability and Accountability Act (HIPAA). Under this law, the release of any information cannot be made until you sign a specific release authorization.
- For ethical and legal reasons, you are required to read, complete, and sign the intake, HIPAA, and consent forms and bring these to the initial appointment. Please read these forms thoroughly and sign where indicated.
- You may also be asked to complete forms describing your personal history, the history of the problem that brought you to therapy, and your goals for therapy.

In-Session Behavior

- The therapeutic process can sometimes be difficult. You are encouraged to talk about your feelings and thoughts during the therapy session.
- It is okay to express your anger in a therapy session, but loud shouting and throwing things is never appropriate.
- While your privacy is of utmost concern, you should be aware that any incidents of abuse or threats to others must be reported.
- If you feel you may harm yourself in any way, you should discuss this immediately with your therapist. Suicidal threats may result in notifying your emergency contact and other people who can keep you safe. Your safety is our primary concern.
- It is never appropriate to bring any form of weapon into therapy. Anyone who brings in a weapon will be asked to leave.

Waiting Room & Building Rules

- Please do not bring children under the age of 12 to wait while you are in therapy.
- Please do not bring pets into the building, with the exception of service animals.

- Please do not bring food or beverages to your therapy sessions.
- This is a smoke-free building, and any kind of smoking, including e-cigarettes, is not allowed.

Payment Policies

- All payments, including insurance co-payments, are due at the time of the appointment unless prior arrangements have been made with the therapist.
- A reduced fee schedule is possible for clients who are unemployed or have inadequate health insurance, with proper documentation.
- All personal checks returned for insufficient funds are charged a \$25 fee, applied to the client's account.
- Bartering for services is not permitted.
- To avoid being charged the full fee for the session, you are asked to cancel your appointment at least 24 hours in advance. If a session is missed without notice, you will be expected to pay the session fee within 15 days, or at the next therapy session, whichever comes first.
- In the event of severe weather, please contact the office to see whether it is open.
- If you arrive late to a session, the session will still end at the regular time. Exceptions to this policy may be made at the therapist's discretion if there is no one waiting.

Miscellaneous

- For ethical reasons, your therapist does not accept gifts of any kind.
- If you would like to bring a friend or family member to a session, please notify your therapist at least one week in advance. You will be asked to sign a release giving your therapist permission to talk about confidential issues.
- From time to time, at the agreement of both you and the therapist, therapeutic services may be provided outside the office by phone or video. In these circumstances, the same fees for treatment will apply as for in-office sessions, unless discussed in advance with the therapist.

I have read and understand the office policies.

Client Name: _____ Date: _____

Signature of the client/guardian/personal representative: _____

Office policies are in effect as of: _____
(Date)