

Palms Pointe Counseling, LLC

870 Clark Street Suite 1030 Oviedo, FL 32765

P: (407) 276-3069 / F: (407) 542-5935

Policies & Procedures

1. APPOINTMENTS:

When a counselor sets an appointment with you, that time is yours and yours alone. **If you need to cancel your appointment, we require a minimum of 24-hours notice; otherwise, you are subject to a full charge for the missed appointment.** Messages may be left on the voice mail, which will accurately record the date and time you called. Our counselors will do their best to be punctual for your appointment unless they have an emergency call, and in such cases you will be notified. We ask that you be punctual as well. If you are late, for any reason, you will receive the remainder of your scheduled time. You will, however, be required to pay the full fee. Of course, in the case of an emergency or illness, late cancellations are acceptable per your counselor's approval.

2. COUNSELING FEES:

Counseling fees are set at the time of your first appointment. The counseling sessions last approximately 45-50 minutes. **You are fully responsible for all services rendered. Full payment is expected at the time of service unless other contractual arrangements apply.** Fees are to be paid before the beginning of your session (checks should be made out to *Palms Pointe Counseling, LLC*). You will be provided a receipt upon payment.

Your fee per session (as agreed upon) will be: \$ _____ per session.

PATIENT INFORMATION AND CONSENT TO TREATMENT

3. RETURNED CHECKS:

A penalty fee of **\$20.00** will be assessed on all checks returned by the bank for any reason. Re-payment of the returned check must be made by cash, cashier's check, or money order only.

4. UNPAID BALANCES:

If your account has an unpaid balance any time, it may be necessary to suspend counseling sessions until the account is paid.

5. CHILDREN:

We do not provide care for your children while you are in a counseling session and we are not responsible for any child that is left unsupervised. Young children can be disruptive to clients, so we ask that you do not bring children unless they are receiving counseling themselves. Should you leave children unattended we will request that you leave your counseling session to attend to them.

We are dedicated to you and your counseling needs here at Palms Pointe Counseling and we appreciate your cooperation in these matters. Should you have any questions or concerns regarding fees, payments, or policies, feel free to address them to your counselor.

***Please sign below to indicate that "I have read the above policies, and I understand and agree to comply with them. I further agree that I am personally responsible for all financial obligations incurred. I also consent to receive treatment by a Palms Pointe Counseling provider."

Signature of Client

Date

Signature of Client

Date

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CONFIDENTIALITY STATEMENT

Your patient records are the property of the counselor performing counseling and shall be treated as confidential. To comply with state and federal laws regarding patient confidentiality, your records will not be released without the properly executed written consent. Everything about your care will be held in strictest confidence (with the exception of those situations which we are required by law to report). If you choose to have your counselor keep a third party informed of your progress in counseling, it will be necessary to complete a ***“Release of Information Form”*** that will be kept on file.

The following circumstances are an exception to keeping confidentiality and are required by law to report:

- A. When a client communicates threat of bodily injury to self another person or is suicidal.***
- B. When there is reasonable suspicion of abuse to a child or a dependent adult which has occurred or will occur.***
- C. When information is required by law or is ordered by the court.***

Counselors typically work as a team. Therefore, they reserve the right to consult and discuss pertinent information with other counselors and supervisors within the counseling field. It is important to remember that electronic communication such as e-mail, faxes and cell phone calls are not secure. Please keep this in mind when there is communication with a counselor. If you have any questions about confidentiality, please discuss them with your counselor.

I have read and understood the above information regarding confidentiality. I agree to disclose personal information with these exceptions in mind.

Signature of Client

Date

Signature of Client

Date

Signature of Counselor

Date