

# Policies & Informed Consent

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## **No Show and Cancellation Policy:**

Your appointments are times reserved specifically for you. I have a small, limited practice that relies on clients agreeing to honor their appointments so that I may stay in the business of providing services. To cancel or reschedule an appointment, please call (573)424-9052 and leave a detailed message on the voice mail. Late cancellations (made less than 24 hours prior to the agreed upon appointment time) or a failure to present at the time of a scheduled appointment will be considered a "no-show". The first time there is a no-show you will be asked to provide credit card billing information and agree to be charged a \$50 fee for any additional "no-shows".

## **Late Policy:**

In order for me to keep my appointments on schedule, I intend to start and end sessions on time. If you arrive late, your session will still end at the scheduled time and you will be billed for the entire session. Occasionally, the nature of a session requires that I stay with a client a little longer to achieve an appropriate end point. If this policy results in an inability for me to provide a full 50 minute session for you, I will pro-rate your session.

## **Payment Policy:**

My coaching and counseling fee is \$90 per 50 minute session, \$100 for couples. Sessions lasting longer than our scheduled appointment time will be billed at \$23(\$25 for couples) per additional 15 minutes. Payment is due at the time of service. I accept cash, personal checks, MasterCard, Visa and Discover. I do not participate in any insurance plans. Each month you will receive an automated statement by email. Statements will show that you have paid for your services in full and are ready for you to forward to your insurance company if you wish to seek reimbursement. Fees are subject to change every six months.

## **Phone Call Policy:**

If you need to speak to me for any reason before your next scheduled appointment, please call (573)424-9052. If I am not available, please leave a message on my voice mail. I will return your call as soon as possible after I receive it and I am in an appropriate environment that ensures your confidentiality. **If you have an emergency, call 911 or go directly to the emergency room of your local hospital.**

## **Level of Care Policy:**

My coaching and counseling services are provided on an appointment only basis and are not intended to be a response for crisis situations. If you have a current pattern of severe self harm behaviors that require medical attention or a recent history of hospitalizations due to meeting criteria for being a danger to yourself or others, a referral will be made to another provider offering a more appropriate level of care suited for crisis response. **If you have an emergency, call 911 or go directly to the emergency room of your local hospital.**

## **Confidentiality Policy:**

All information shared in session is confidential except in circumstances governed by law. The exceptions to confidentiality may include, but are not limited to reporting child, elder, and dependent adult abuse. Expressed threats of violence towards an ascertainable victim, suicidal ideation with plan and intent, and where you make your mental or emotional state an issue in a legal proceeding. If you would like me to confer with anyone outside of session, you will need to sign a "Release of Information" form. This permission can be revoked by you at any time. Loss of confidentiality can occur with insurance companies as diagnosis and clinical information is used and stored for determining and paying benefits. If you choose to seek insurance reimbursement for services, diagnostic information will be included on your automated statement and transmitted via email.

## **Consultation Policy:**

In order that I may always provide the best service possible, I may consult with colleagues regarding the content of sessions. If I do this, no identifying information will be used without your permission. Referrals to other providers will be made when additional or alternative services seem necessary or appropriate.

## **Informed Consent Policy:**

I understand and accept that no promises have been made to me as to the results of processes and services provided by Linda Johnson, M.Ed., LPC. I understand that there are benefits and risks associated with these services. I am aware that I may stop counseling services at any time for any reason. I will still be responsible for paying for services that I have already received. I understand that there may be consequences to stopping services for which I will be responsible. By signing this form, I acknowledge that I have read and understand the information contained in it. I make an informed consent to adhere to these policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_