Business Policy

This statement contains information regarding my office policies. Please read them and if you have any questions, discuss them with me. Your signature at the bottom of this sheet signifies that you have read, understand and agree to these policies.

Appointments & Fees Each session is approximately 45 minutes in length and the rate is $205.00. **Fees are to be paid at the time of service.** A statement can be provided upon request for your records or for you to use for insurance reimbursement. Extended telephone calls or sessions are prorated. Your appointment time is reserved for you. If you must reschedule or cancel, please notify me as soon as possible as the full appointment fee is charged for less than 24 hours' notice. If you are filing claims for your visits with your insurance company, it is important that you know that insurance benefits do not extend to missed appointment charges. **Insurance** If you choose to file insurance claims for services, your insurance company may require information from your record; please speak to me if you have concerns about this possibility. **Financial Arrangements** Credit, debit and HSA card payments are accepted for amounts over $50.00. There is a $40 charge for returned checks. **Termination** Termination (ending therapy) is an important part of the treatment process. It is best this be a joint decision so we can review progress and discuss expectations for the future. The therapeutic relationship will be discontinued If I cannot provide appropriate therapy for your treatment needs, if we do not have mutual agreement on treatment goals, if financial commitments are not honored, if you are not benefiting from therapy or if the therapy environment becomes unsafe. Any nonvoluntary termination will be accompanied by an appropriate referral for mental health services. A case will be identified as voluntarily closed after mutual discussion between therapist and client(s) or if there has been no contact for 60 days. **Availability** I am available to return routine and urgent calls from active clients within 24 hours. If emergency mental health services are needed and I am not available to contact you immediately, go directly to the closest emergency room or call 911. I will arrange for coverage by another licensed clinician in the event I am unavailable for an extended period of time during business hours or after hours. **Confidentiality and the Release of Information** Your participation in treatment and all information about you is confidential and will not be disclosed to anyone without your written consent. Exceptions are: 1) Cases of suspected abuse or neglect of a child or elder and 2) Cases where the client presents a clear and imminent danger to themselves or to another person. Other circumstances in which *you* may waive your right to confidentiality include a) the use of health insurance b) releasing information to another professional (e.g. physician, agency) and c) legal proceedings which involve information about your mental health.

My signature indicates that I have read and understand these policies.

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Signature of Client (or Guardian) ***Date***

Colleen J. Taylor, Ph.D.

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