**Office Policies:**

For counseling to work, it must be stable. Below are things you need to know and what is expected so you get the most out of your sessions.

**Appointments:** Sessions 50 mins long and start/end on time so feel free to arrive a few minutes early to relax and review any scheduling changes so those items can be taken care of at the beginning of the session. Also, be sure to bring up the most important issues at the beginning, for the best use of your time. Please bring a journal each week for notes/thoughts/insights and completed homework assignments. If coming in person, I have a fragrance allergy so please don’t wear any on the days you come. Also, be sure to make arrangements ahead of time for pets and children as the office isn’t set up to accommodate them.

**Cancellations:** Lyra Health covers the cost of your sessions, but you are responsible for late cancelations of less than 24 hrs or “no shows”. The fee is $115, which would be charged to your credit card on file. I typically text a reminder the day before, but if I don’t, you are still responsible for remembering the appt time and making any necessary changes by phone or text the day before. If something happens on my end and I need to reschedule our appointment, I will also give you a 24-hr. notice unless it’s a client related emergency that can’t be avoided.

**Phone calls:**  You may leave a message for me at any time and I will get back to you as soon as I'm able during office hours M-Th, 9am-6pm and Friday 12noon-4pm. I’m typically not available to return calls after hours or weekends. If you are in crisis and can't reach me, please call 911.

**Texting:** Only to be used to confirm appointments and not include personal, confidential information that is more appropriately shared in a session.

**Confidentiality:**  All information discussed in session is confidential, with a few exceptions:

* If you sign a release for me to share limited information with another medical professional to coordinate treatment
* Information requested by Lyra Health may include a diagnosis, a treatment plan, as well as goals and progress made
* If you are in danger of hurting yourself or someone else and I need to contact authorities to prevent that from happening
* If there is suspected child abuse/neglect or elder abuse/neglect
* If I become aware that pornographic images of minors are electronically downloaded and/or disseminated

*\*I have read and understand the above office policies. If I need clarification I will ask for it during our first session. If I come in as a couple, I acknowledge I have read and received the BBS letter outlining requirements of counselors to treat couples.*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of partner if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Credit Card Authorization Form**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Beverly Jewell, of**

**Essential Focus Consulting, to charge my credit card to cover any unpaid counseling fees (by phone, in person or video) that aren’t covered by my employer. This includes late cancelations with less than a 24 hr. notice or "no-shows", or choosing to continue counseling after the allotted sessions covered by my employer runs out. This charge will equal the agreed upon hourly rate.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name as it appears on card Type of Card**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Card Number Security Code**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street address statement goes to Expiration Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**City, State, Zip Phone**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**