

NIA COUNSELING & FAMILY SERVICES, PLLC

WHERE CULTURE, MEETS CARE



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Www.NiaFamilyLife.com

Practice Policies

Fee Schedule

Nia accepts insurance but also work on a flat rate or sliding scale for coaching clients or clients who are not insured. Sliding scale rates range from \$40-\$160 for a 45-50-minute session based on your average annual income. For example, if you make \$40K a year, the suggested rate is \$100/session; if it's \$120K a year, the suggested rate is \$160/session. To qualify for a sliding scale fee, clients must provide proof of income, such as pay stubs or tax returns. If proof of income is not provided, a flat rate based on the average insurance payout will be applied. However, you choose to pay my main concerns are working with those who are coachable, and that those who are ready for change and can work it into their budget."

Appointments and Cancellations

If you are late for a session, you will lose some of that session time. If you are going to be late please let Ms. Harris know as soon as possible. If you are more than 15 minutes late without notice it will be considered a no call no show and a fee equal to half of your usual fee will be applied. I normally conduct an evaluation that will last from 1 to 2 sessions. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. Evaluation appointments typically last 60 minutes. Once sessions have begun, standard follow-up appointments are 45-50 minutes long. Sessions will be conducted via Telehealth (live video conference) through google meet or telephone sessions can also be scheduled.

Billing and Payments

Payment is due at the time of appointment. Payment is made with credit/debit card via the patient portal or pay pal. Payment schedules for other professional services will be agreed to when they are requested. Adjustment in fees and deferred payment schedules can be negotiated for reasons of financial need. If your account has not been paid for more than 30 days and arrangements for payment have not been agreed upon, I have the option of terminating services.

Emergency Coverage

I regularly check phone messages (919- 307-5320). However, I am not immediately available in case of an emergency. If I will be unavailable for an extended time, we will make a plan to manage your needs in my absence.

Professional Records

The laws and standards of my profession require that I keep treatment records. You are entitled to receive a copy of the records unless I believe that seeing them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents.

Code of Ethics and Complaints

I am fully licensed and work within the NASW Code of Ethics. This is to ensure that you receive a good service and means that I am accountable to a higher national organization and must work within their guidelines. They have their own complaint procedure, copies of this are available upon request.

Termination

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that sessions are not being effectively used or if you are in default on payment. I will not terminate the relationship without first discussing and exploring the reasons and purpose of terminating. If services are terminated for any reason or you request another provider, I will provide you with a list of qualified professionals to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued. Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

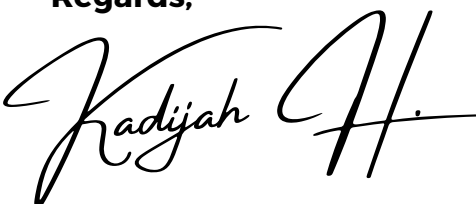
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CLIENT SIGNATURE _____ DATE _____

Regards,

A handwritten signature in black ink that reads "Kadijah H." with a stylized flourish at the end.

Kadijah Harris, LCSW

Outpatient Therapist