

Pierre Womble, MS, LPC-MHSP

Womble Counseling Services

120 Donelson Pike, Suite, 102 Nashville, TN 37214

615.962.3181

PSYCHOTHERAPY POLICIES

Confidentiality: Therapist have an ethical and legal obligation to keep information discussed in sessions private. The patient controls the release of information obtained during the provision of professional services unless the therapist is required by law to take actions or make disclosures. Tennessee law requires therapist to report under the following circumstances:

1. Imminent danger of patient's harm to self or others
2. Suspected child or elder or abuse, or abuse of a disabled person (made to the Department of Human Services)
3. Court order for clinical records, if patient is involved in legal proceedings

Once the information is released, the use of information in such circumstances is beyond the control of this office. If you are under 18 years of age, you will be asked to sign a separate sheet describing confidentiality policies for minors.

Fees: The fee for a 50-minute private-pay session is \$90.00. Patients are responsible for full payment of fees at the time of each visit unless filing with their insurance. Applicable co-payments and co-insurances are due at the time of service if filing with an insurance carrier that is accepted. **Cash, local checks, and debit/credit cards are accepted. In addition, payments may be made by PayPal if you are unable to pay by cash or check.**

Cancellation Policy: Appointment times are individually reserved. When appointments are cancelled at the last minute, it prevents others who want an appointment from being scheduled. For this reason, I respectfully ask that cancellations be made 24 hours in advance to avoid paying for the scheduled appointment.

Emergencies: In case of an emergency outside of regular business hours or when I cannot be reached, please contact the Crisis Intervention Center at (615)-244-7444 or proceed to the nearest hospital emergency room. Please do not leave emergent information in voicemails or send via text message/email, as the message may not be received until the end of the following business day.

I understand and agree to these policies, and I have received a copy of this policy statement.

Client's Signature: _____

Date: _____