

# **Jackson Counseling Solutions, LLC**

**Stacey Jackson, LICSW**

## **Practice and Payment Policies**

Please read and review the policies stated below for Jackson Counseling Solutions, LLC.

“I” refers to therapist Stacey Jackson, LICSW and “you” refers to client (and/or guardian).

**Communication:** Communication can be made via phone, text, email, telehealth and in person. Please be mindful of sending personal information. I try to return calls, texts, and emails each business day. If you do not hear back from me, feel free to contact me again. Text is the quickest way to reschedule an appointment, let me know if you are running late, etc. Contact through social media is not appropriate or secure. If I see you in public, I typically do not speak to protect your confidentiality.

**Emergency Procedures:** If there is an emergency, call 911, go to the nearest emergency room, call Crisis Services of North Alabama at 256-716-1000 or Text HOME to 741741. I will attempt to respond to non-safety crisis situations asap.

**Holidays and Closures:** Madison City School holidays and closures are typically followed with a few exceptions. Any days that I am out of the office will be communicated and/or noted in text away message, voicemail, and automated email response. Return communication will occur within a few days of being back in the office.

**Late Cancellations and No Show:** If a cancellation is made less than 24 hours before the appointment, a \$70 fee will be charge. There are some reasonable exceptions. A no show fee of \$70 will be charged at the time of No Show. Any arrival more than 15 minutes late is considered a No Show. 3 late cancellations and/or no shows in a 6 month period will result in termination of services. If I need to cancel, I will let you know as soon as possible.

**Miscellaneous Fees:** There is a \$15 fee for a letter, \$30 fee for paperwork/form completion, \$150/hour court preparation, and \$800/day (must be paid in advance) for court appearance. Any other requests outside of scheduled psychotherapy sessions are subject to additional fees and will be discussed.

**Insurance:** Primary insurance benefits will be verified and filed as a courtesy. It is still your responsibility to check with your insurance provider to confirm coverage. You are financially responsible for any services that insurance does not provide payment for. Secondary insurance will not be filed however, a statement or Super Bill can be provided if you would like to file secondary on your own. If you are uninsured or will not be using your insurance, we will complete a “Cash Payment Agreement.” I do not accept all insurance plans. Mary Ann Nichols will be providing assistance with insurance verification and billing services.

**Payment:** A credit card or debit card will be stored on TherapyNotes and used for any copayments, coinsurance, fees, or outstanding balances. Payment is due at the time of service. Any outstanding balance will automatically be charged to the card on file, and you will be notified. If a card is declined or you need to change it, you are responsible for providing a new card. Please be aware that Jackson Counseling Solutions will appear on your card statement.

**Adolescents and Children:** Any client age 14 and over will sign their own paperwork. I also typically have parent sign as well or at least aware of what is being signed. If a client turns 14, they will then sign the documents previously signed by parent or guardian. This is per Alabama regulations, not mine. If there is a custody agreement that I need to be aware of, please let me know as I will not seek out this information. If there is a current custody case, I will not get involved and client will be referred to a clinician with more experience in that area.

**Release of Information:** A Release of Information or “ROI” will be discussed and signed by you for any records or communication between me and other clinicians, physicians, psychiatrist, family members, etc. There are a few legal exceptions including but not limited to abuse of a child, elder, or someone with a disability, risk to harm self or someone else, and specific legal/court proceedings.

\*By signing this document, clients transferring from Valley Psychiatric Associates are authorizing for those records to be transferred to Jackson Counseling Solutions, LLC.

**Additional Policies:** No audio or video recording permitted in any part of the office, during Telehealth sessions, or phone calls. If you see someone that you know in the waiting room or hallway, please respect their privacy and confidentiality. A school or work excuse can be provided for all sessions attended. No weapons or violence (physical or verbal) is permitted and will be handled in whatever manner is necessary to maintain safety.

**By Providing Signature, you are agreeing to practice and payment policies. If you have any questions or concerns, please let me know.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

Stacey Jackson , LICSW  
Phone: 256-363-6578  
Jackson Counseling Solutions, LLC