Gill Counseling & Consulting, LLC

Karen R. Gill, LCSW, CT
2025 E. Main Street, Ste. 200
Richmond, VA 23223
Telephone 804.343.9786/ Fax 804.343.0004

Scheduling, Cancellations and Payments

The session fee—in addition to the therapeutic boundaries, confidentiality, and the length of session—is inherent to the strength of the therapeutic 'container'; that space where the work of therapy takes place. It is important that this container be healthy and have clear boundaries.

Please note that these are standard practices for most mental health therapy practices. If you are uncomfortable with the policies below, please let me know so that these issues can be addressed.

Scheduling

- Sessions are scheduled for 60 minutes. Under normal circumstances, this is the limit of what an insurance company will pay. If there are extenuating circumstances that may require more than one 60-minute session per day, please be advised that this may not be covered by your insurance company.
- If the universities in the Richmond area are closed due to a weather related event, only virtual sessions will be offered. If you are unable to attend your session in this event (you are dealing with your own weather-related crisis or your children are home from school for example), there will be no charge for this missed appointment.
- Since the COVID-19 pandemic, insurance companies have authorized virtual 'telehealth' sessions. I offer both in person and telehealth services at this time. I utilize a HIPAA-compliant platform. Any other platform for video therapy is not guaranteed to offer this level of privacy and confidentiality. Consequently, I can only absolutely insure privacy if you agree to utilize this platform. Technical challenges or preferences may lead you to choose another platform.

Cancellations

- If you are unable to make your appointment, 24 hour notice is required, with very few exceptions.
- If you miss a session without giving *24 hour notice*, my policy is as follows:
    - If you fail to show without cancelling or giving 24 hour notice, you will be charged $45. This is **not** reimbursed by your health insurance policy.
    - If you call to cancel an appointment without 24 notice, but it is possible to schedule within the same *calendar* week, the $45 may be waived. However, if there is a pattern of rescheduling appointments this will be discussed in sessions.
    - A 'no show' is further defined within these boundaries:
        - If you have not appeared within 10 minutes of your session start time, and I have not heard from you, I will text you.

Revised August 2024

- o If you have not responded or appeared by 15 minutes after your start time, this will be considered a missed appointment.
  - o If you are running late, and let me know, I will wait until 30 minutes after the start time of your appointment. If you are unable to participate in at least 30 minutes of therapy, this will be a missed appointment.
- If you 'no show' 3 times you may be discharged from services.

Payments
- Cash, checks, credit cards, and Zelle or Venmo payments are acceptable forms of payment. Credit card charges are processed through Pay Pal.
- My services are generally at least partially reimbursed by insurance plans, however, you are ultimately responsible for payment for services.
- Private pay rates may be negotiated based on income, starting at $70/session. A *very limited* number of therapy hours are available for those without insurance and the inability to pay.
- I have a contracted employee who handles billing issues. Terri can be reached at 804-370-4721.

The therapeutic relationship is one based in trust, and finances are part of that trusting relationship on both the client and therapist's part. I will do all in my power to maintain fiscal integrity and open communication about such issues. If financial issues arise, they will be processed as part of the therapy unless the therapy has been terminated. There may be extreme cases in which I reserve the right to seek judgment against unpaid claims.

I, _____ have read and agree to the conditions stated above.

_____   _____
Signature   Date