

**BEHAVIORAL HEALTH AND WELLNESS ASSOCIATES  
OF NORTHERN VIRGINIA**

4460 Brookfield Corporate Drive Suite H  
Chantilly, VA 20151  
(571) 261-8239 / Fax: (571) 933-6506

---

**Therapy Policies/Procedures**

Welcome to our practice. This document contains important information about my professional services and business policies. Please read it carefully and jot down any questions you might have so that you can discuss them with your clinician at your next meeting. When you sign this document, it will represent an agreement between you and your clinician.

**Meetings**

The initial intake appointment takes approximately 50-60 minutes and is intended to gather background information and to determine the necessity of counseling/psychotherapy and ongoing treatment. Follow-up counseling/psychotherapy appointments last approximately 45-50 minutes.

Late cancellations result in an open hour, inconvenience, and a loss of revenue. Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation (unless we both agree that you were unable to attend due to circumstances beyond your control). If it is possible, your clinician will try to find another time to reschedule the appointment. If you arrive more than 15 minutes late for a scheduled appointment, your appointment will have to be rescheduled. If your clinician runs late with a prior appointment for some reason, you will still receive your full session time. If local schools are closed due to weather conditions, please check with your clinician to ensure that he/she will be in the office, as your appointment may need to be rescheduled. Our office will not charge you for cancelling an appointment due to weather conditions or due to the potential risk of endangering yourself if you were to drive to the office.

**Fees**

Our hourly rate for the initial intake/consultation appointment is \$150.00. The fee for each 45-50-minute follow-up therapy session is \$120.00. The fee for a missed appointment/late cancellation (late cancellation is defined as an appointment cancelled less than 24 hours before the scheduled appointment time) is \$65.00. Fees for missed appointments or late cancellations are due immediately by mail or at your next scheduled appointment. Our clinicians reserve the right to discontinue treatment of clients who have had 3 or more missed/late cancelled appointments. This is due to the fact that therapeutic progress relies heavily on regular session attendance and due to the fact that our clinicians lose revenue when appointments are cancelled at the last minute, without sufficient time for clinicians to re-fill those appointment slots.

Sometimes parents ask clinicians to render services that can only be conducted outside of the regularly scheduled therapy session time. These services will be charged as follows:

Copying of records	\$25.00 flat fee
Telephone Consultation	\$25.00 per 15 minutes
Preparation of simple letters/summaries	\$35.00
Preparation of lengthy/complex reports	\$100.00 per hour
School observations/IEP meetings	\$150.00 per hour
Preparation for and attendance at legal proceedings	\$300.00 per hour

Client Name: \_\_\_\_\_

Therapy Policies

Page 1

All fees are subject to change. Our office will notify you of any upcoming changes in therapy/professional fees and you can decide at that time whether you are willing to pay the new fee and remain in treatment or whether you would like to terminate services.

### **Billing and Payments**

You will be expected to pay for each session at the time it is held, unless we agree otherwise. Cash, check, or credit cards are acceptable forms of payment. Payment schedules for other professional services are listed above. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, I have the option of using legal means to secure the payment. This may involve hiring a collection agency, and this could affect credit. If such legal action is necessary, its costs will be included in the claim. There will be a \$30 charge for the return of a check from the bank.

### **Insurance Reimbursement**

If we accept your insurance and you would like to file claims through insurance, you can provide permission for your clinician to submit claims on your behalf (see Financial Policy). Even if your clinician is not a participator with your insurance, your insurance company may reimburse you according to guidelines they have established for out of network providers. However, our office cannot guarantee that your insurance company will reimburse you if you submit claims independently. Your clinician will provide you with whatever assistance he/she can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of my fees. It is very important that you find out exactly what mental health services your insurance policy covers. You should carefully read the section in your insurance coverage booklet that describes mental health services. If you have questions about the coverage, call your plan administration. You should also be aware that most insurance companies require you to authorize your clinician to provide them with a clinical diagnosis. Sometimes your clinician may need to provide additional clinical information such as treatment plans or summaries, or copies of the entire record (in rare cases). This information will become part of the insurance company files.

### **Forensic and Litigative Services**

It is the stated philosophy of this practice that our clinicians do not participate in lawsuits of any type on a plaintiff's behalf, unless compelled to do so by subpoena or court order. If you become involved in legal proceedings that require your clinician's participation, you will be expected to pay for all of your clinician's professional time, including preparation, deposition, telephone time, transportation costs, court appearance, report writing, consultation and supervision, even if he/she is called to testify by another party. Because of the complexity of legal involvement, our office charges \$300 per hour for preparation and attendance at any legal proceeding.

### **Contacting Your Clinician**

Due to your clinician's work schedule, he/she may not be in the office every day of the week or be readily available by phone. Your clinician will not answer calls while he/she is meeting with another client. When your clinician is unavailable, please leave a message on his/her voice mail. Your clinician will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform your clinician of some times when you will be available. Your clinician may be unavailable to answer calls outside of business hours (between 9:00am and 5:00pm Monday through Friday) unless in the event of a psychiatric emergency. A psychiatric emergency is defined as a situation in which you think you or your child might require inpatient psychiatric hospitalization or intervention by a police officer. If you are unable to reach your clinician during an emergency and feel that you cannot wait for your clinician's return call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. Please be aware that our clinicians try to limit using email or texting to communicate with clients. Although we make every effort to keep your private health information confidential, we cannot guarantee that information transmitted via text messages or emails will not accidentally get into the wrong hands.

Client Name: \_\_\_\_\_

Therapy Policies

Page 2

**Professional Records**

The laws and standards of our profession require that we keep treatment records. You are entitled to receive a copy of your records, or your clinician can prepare a summary for you instead. Because these are professional records, they can be misinterpreted by and/or upsetting to untrained readers. If you wish to see your records, we recommend you review them in your clinician's presence so that you can discuss the contents. Clients will be charged an appropriate fee for any professional time spent in responding to information requests.

**Minors**

For patients who are under 18 years of age, please be aware that the law may provide their parents the right to examine their treatment records. It is our policy to that clinicians will provide parents only with general information about their work with minors, unless the clinician feels there is a high risk that the minor will seriously harm himself/herself or someone else. In this case, the clinician will notify parents of their concerns. The clinician may also provide parents with a summary of the minor's treatment when it is complete. Before giving parents any information, the clinician will attempt to discuss the matter with the minor patient, if possible, and do his/her best to handle any objections the minor patient may have about it.

**Potential Risks of Therapy**

Therapy has potential emotional risks. Approaching feelings or thoughts that clients have tried not to think about for a long time may be painful. Making changes in beliefs or behaviors can be scary, and sometimes disruptive to relationships. You or your child may find your relationship with me to be a source of strong feelings, some of them painful at times. It is important that you consider carefully whether these risks are worth the possible benefits of therapy.

**Terminating Therapy Services**

You normally will be the one who decides therapy will end, with three exceptions. If your clinician is not in his/her judgment able to help you or your child, because of the kind of problem you have or because his/her training and skills are not appropriate, your clinician will inform you of this fact and refer you to another therapist who may meet your needs. If you or your child do violence to, threaten, verbally or physically, or harass your clinician, the office, or the clinician's family, your clinician and this office reserve the right to terminate you unilaterally and immediately from treatment. If you are terminated from therapy, your clinician will offer you referrals to other sources of care, but cannot guarantee they will accept you for therapy.

**Confidentiality**

In general, the law protects the privacy of all communications between a client and a therapist, and your clinician can release information about your work together to others only with your written permission. But there are a few exceptions.

There are some situations in which your clinician is legally obligated to take action to protect others from harm, even if he/she has to reveal some information about a client's treatment. For example, if your clinician believes that a child, elderly, or disabled person is being abused, he/she is required to file a report with the appropriate state agency. If your clinician believes that a client is threatening serious bodily harm to another, he/she may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the client. If the client threatens to harm himself or herself, the clinician may be obligated to seek hospitalization for him or her or to contact family members or others who can help provide protection. Your clinician will make every effort to fully discuss it with you before taking any action.

In most legal proceedings, you have the right to prevent your clinician from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order your clinician's testimony if he or she determines that the issues demand it.

Client Name: \_\_\_\_\_

Therapy Policies

Page 3

Your clinician may occasionally find it helpful to consult other professionals about a case. During a consultation, your clinician will make every effort to avoid revealing the identity of his/her client. The consultant is also legally bound to keep the information confidential.

#### CONSENT TO COUNSELING/PSYCHOTHERAPY

Your signature below indicates that you have read this Agreement and the Notice of Privacy Practices and agree to their terms.

\_\_\_\_\_  
Signature of Patient, Parent/Guardian, or Personal Representative

\_\_\_\_\_  
Printed Name of Patient, Parent/Guardian, or Personal Representative

Date \_\_\_\_\_

Description of Personal Representative's Authority: \_\_\_\_\_

\_\_\_\_\_

Client Name: \_\_\_\_\_

Therapy Policies

Page 4