

Healing Hearts Therapy

Williamsmmft@gmail.com

615-763-8325

Practice Policies & Informed Consent – Stacey Williams, MMFT

In order to answer questions that are frequently asked by clients regarding fees, confidentiality, services, etc., I have developed these policy statements for your information. I value you as a client and want you to be informed.

FEE

I do not accept insurance, and charge \$80.00 per session for individuals and \$100.00 for couples. A session is traditionally based on a 50-minute hour. I request that payment be made at the end of each session and accept cash, check, or credit cards. Please make any appointment cancellations 24 hours in advance. I request that **CANCELLATIONS 24 HOURS in advanced; otherwise you may be billed a \$25.00 cancellation fee.** Other services, such as inpatient visits, telephone counseling, etc. are based on above approved session rate. Your health insurance may provide reimbursement for face-to-face profession psychotherapy services. I encourage you to consult your policy for specifics. In the case of a bounced check, a \$25 fee may be charged.

CONFIDENTIALITY

Professional ethics and Tennessee State Law indicates that the client controls client information. This means that, as a general rule, information shared in sessions with a counselor will be held in confidence. If you feel information needs to be shared, you will need to sign a “release of information” permitting me to discuss your case.

Policies that promote confidentiality in counseling are based primarily on state legislative statute and the Code of Ethics approved by the AAMFT. Exceptions, as dictated by the ACA/ AAMFT codes, include, by are not limited to, the voluntary, written authorization from a client to release specified information, or situations listed below:

1. In case of an emergency where the counselor believes a client is at risk of hurting himself/herself or another.
2. Tennessee law requires that child or elder abuse in any form be reported to the Department of Human Services or other authority such as a Juvenile Judge.
3. Court-ordered release of information

PROFESSIONAL SERVICES

I am available for counseling appointments at selected times throughout the week. You may contact me directly through my confidential office line 615-669-3997 via voice message or text. Text is limited for scheduling purposes only.

If for some reason you should be unable to contact me during an emergency, you may obtain assistance by calling the Crisis Help Line at 615-244-7444, the Community Assistance Program at (615) 342-1450, the Davidson Mobile Crisis Unit 615-726-0125, or going to your local hospital emergency room.

BENEFITS AND RISKS OF COUNSELING

Persons contemplating counseling should realize they may make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may also make changes in

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their marriages or significant relationships, such as with parents, friends, children, relatives, etc. They may change employment, begin to feel differently about themselves, and may change other aspects of their lives. While I will assist the client in effecting change, I cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth. I do not participate in a spouse withholding information from the other that would ultimately harm the trust-building process for the relationship. Therefore I reserve the right to curtail couple counseling if this is discovered, remains unchanged, and/or will affect the integrity of the counseling process.

CREDENTIALS

I hold a Master of Marriage and Family Therapy degree from Trevecca Nazarene University, Nashville, TN. I am working toward licensure in the state of Tennessee and am supervised under Anna Claire Lowder, LMFT. Anna Claire is a licensed Marital and Family Therapist in the state of Tennessee (#1023). She is an approved American Association of Marriage and Family Therapy Supervisor in training. She may be contacted with comments, questions, or concerns by email annaclairew.lowder@gmail.com or by phone at 615-269-7751.

Informed Consent

By signing this document, I authorize and request Stacey Williams to provide treatment deemed necessary or desirable for my welfare and therapeutic growth. Additionally, I consent to participate in treatment and understand the limits of confidentiality as well as the benefits and risk of counseling. I understand that I can terminate with Stacey at any time.

Do you have any questions about fees, confidentiality, or other matters? Yes _____ No _____

Do you agree with the conditions and provisions of the PRACTICE POLICIES? Yes _____ No _____

Signature _____ Date _____

Signature _____ Date _____

Parent/Guardian Signature, if minor: _____

If you desire a copy of these policies please initial here: _____