



“Strengthening relationships through harmony”

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## POLICIES AND INFORMATION

Welcome to our office. We believe the best health care is based on a mutual understanding between the provider and the client. Please read these policies carefully before signing. If you have any questions, please do not hesitate to bring to our attention.

**Office Hours:** We see clients Monday through Friday and sessions are 45 minutes long. Most appointments are scheduled between 9 a.m. and 6 p.m. Monday through Thursday. Specific clinicians may have varied hours. Some offer time later in the evening and some don't offer times on Friday or early morning. Let us know what your needs are in this matter and we will try to fit you with a clinician that has those times. Let us know when you first call to schedule an appointment if you will have restrictions on the times you can come. \_\_\_\_\_ (initials)

**Missed Appointments:** For appointments you fail to keep, that are not cancelled within a 24 hour notice, you will be charged. The charge will be what we bill for that hour, including what your insurance would pay plus your usual co-pay. Appointments will not be rescheduled until the missed appointment fee is paid. \_\_\_\_\_ (initials)

**Confidentiality:** Client confidentiality is respected at all levels of communication and is protected by Federal Law. However, there are situations in which our professional and legal duty overrides the dictates of confidentiality. Briefly, these conditions are imminent danger to self or others, and abuse of a child, an elder or a dependent adult. We are required by law to break confidentiality and notify the appropriate people in order to prevent imminent harm. Please discuss the limits of confidentiality with your therapist. Our records are also privileged; we cannot be coerced against your will to divulge confidential information with anything less than a court order. A judge has to order us to breach your privilege. These records cannot be subpoenaed. In the event you wish to file a complaint about my service, you may contact the Tennessee Health Related Boards Office of Investigation. \_\_\_\_\_ (initials)

**Release of Information:** Following the execution of a valid Release of Information, client's records will be forwarded to a licensed mental health professional at no charge. Requests to release records to any other entity will be \$10.00 a page, payable by the client/client representative before records are released. \_\_\_\_\_ (initials)

-We consider mental health treatment and litigation generally incompatible. Using mental health treatment to resolve legal concerns can create more harm than good. If your mental health treatment could possibly involve legal proceedings, please let your therapist know as soon as possible. If that is the case, you understand we may need to refer you to some other agency that works closely with legal

cases. Involving us in legal cases could possibly result in the client being discharged from care.  
\_\_\_\_\_(initials)

Therefore, our strong preference is that we do not either discuss cases with or release records to attorneys. We also prefer not to testify in legal proceedings. If, as a result of the client or client representative signing a Release of Information, we are required to discuss the case with an attorney, court officers (such as probation, parole, guardian ad litem) or give legal testimony in any type of legal proceedings such as (but not limited to) disability determinations, civil or criminal depositions or court testimony, or we are required to write letters, make phone calls, or electronic correspondence to attorneys or legal representatives, you agree to the following:

-A deposit of \$1000.00 will be made by client before any correspondence or discussion takes place. Our professional fee of \$250.00 per hour (pro-rated every thirty minutes) for legal testimony will be subtracted from this retainer. Travel time to and from legal testimony as well as time spent waiting for legal testimony is included in this fee. Time above 4 hours will require an additional deposit of \$1000.00 and will be handled as above. \_\_\_\_\_(initials)

-If at any time, because of being involved in client legal proceedings, we feel that we need our own legal representation for any reason, the client/client representative will be responsible for paying our full legal fees in the manner prescribed by our attorney. \_\_\_\_\_(initials)

**Fees and Payments:** Fees are as follows: \$125.00 for each visit. Payment is expected at the time of the session. Returned checks or declined credit card/debit card/HSA charges for any reason will incur a \$30.00 charge. If the returned/declined item is the fault of your crediting agency, you must be reimbursed for the charge by them and not by our office. In the event that your account becomes 45 days past due, we reserve the right to terminate the professional relationship and place the account with a collection service. All costs, fees and related expenses of the collection effort will be borne by the client/guarantor. \_\_\_\_\_(initials)

**Insurance:** If we are providers with your insurance company our office will file one insurance claim per session. Please be aware that there is a timely filing deadline, meaning insurance companies often will not process session dates and charges over 45 days old. **The client/client representative must contact their insurance company before the first session to determine their eligibility, deductible and co-pay, as well as obtain authorization, if necessary.** The client/client representative must provide accurate, timely information for each session, including (but not limited to) any address, marital status or insurance company changes. In the event that an insurance company gives inaccurate information either to the client/client representative or to our office and the session date and charge is declined by the insurance company, the client/client representative assumes all responsibility for the full fee. Whether your insurance pays or not, you understand you are totally responsible for payment of all charges. \_\_\_\_\_(initials)

As an office policy, we do not routinely accept insurance that pays less than \$60.00 per session. If your insurance company pays less than that, we could accept you as a self-pay client. In that case, we would not accept assignment of your insurance. We could, at your request, complete a HCFA form for you to

submit to your insurance company, so they can reimburse you directly for part of your fee.  
\_\_\_\_\_(initials)

**Phone Calls/Written Correspondence:** We do not do mental health treatment by phone or other electronic methods. Phone calls to and from clients or on behalf of clients over 5 minutes (excluding calls to/from legal representatives) are billed at \$125.00 per hour, pro-rated every 15 minutes. Written correspondence, including emails to/from clients or on behalf of the clients (excluding that to/from legal representatives) is also billed at \$125.00 an hour pro-rated every 15 minutes. \_\_\_\_\_ (initials)

I HAVE READ THE ABOVE AND AGREE TO ABIDE BY AND BE BOUND BY THESE POLICIES. A copy of this signed statement is as valid as the original.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_