



Emmaus Family Counseling Center

INDIVIDUAL • MARITAL • FAMILY THERAPY • CHILD • ADOLESCENTS

POLICIES AND PROCEDURES

Scheduling and Availability

Counseling sessions usually last 45 to 50 minutes. This is a standard practice, and it allows for recording case notes, reviewing charts, returning phone calls, and other activities that are essential to effective treatment. Longer sessions may be available as needed and if schedules permit fees will be adjusted accordingly.

Limited telephone contact is considered to be a part of ongoing treatment and is therefore not usually billed, except in court-related and other management-intensive cases. More extensive (more than a few minutes) telephone contact or consultation may also be arranged or provided, and it will be billed separately.

In order to minimize inconvenience to clients, every effort is made to begin and end sessions on time. Because of the nature of counseling work, however, delays sometimes occur. If a session must be significantly curtailed because of a necessary delay, fee adjustments or other accommodations can be made. Sessions that begin late because of the client's late arrival will usually be ended at the regular time and billed as a full session.

Fees and Payment

Payment is due at the time of service unless other arrangements have been agreed upon in advance. Individual counseling fees are based on the standard of 45 to 50 minutes sessions unless otherwise noted. Consultations, phone contact, and other services are billed on the basis of time and materials involved.

Payment is the responsibility of the client, or the parent or legal guardian if the client is a minor. Please note that by receiving services you are agreeing to pay for them. In cases of shared custody arrangements, the parent who initiates treatment is responsible for payment, even if the other parent is legally responsible for medical costs.

Policies regarding fees and payment are intended to reduce the likelihood that financial matters might have a negative impact on the professional relationship.

Cancellations and Missed Appointments

If the client needs to cancel or reschedule an appointment, please call at least 24 hours in advance to that the time can be made available to someone else.

Failure to provide 24 hour notice will generally result in the regular session fee being charged for the late cancellation or missed appointment. These charges are typically not reimbursed by insurance companies.

Emergency Assistance

In the event of an emergency, please leave a message at Emmaus (703) 729-2822 and every effort will be made to return emergency calls as soon as possible.

If immediate attention is required, or if a serious life-threatening emergency occurs, please call 911 or visit your local emergency room.

Record Retention

Client records are kept in accordance with current statutes that regulate mental health professionals.

INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

Note: If you have any questions about this consent form, please discuss them before signing.

I understand that Beth Mich, MA, provides counseling services. Counseling services nearly always begin with an initial assessment. At this meeting the presenting problems are explored in order for the client and the therapist to decide if there is a good fit therapeutically. If the client and the therapist decide to go forward then the direction of treatment is established by the counselor together with the client. Child clients participate in the assessment and treatment process to the extent that is age appropriate. Termination of treatment may be initiated by either client or counselor although typically termination occurs when the counselor and client agree that services are no longer needed.

I understand that all information shared with my counselor is confidential. Clinical records are regulated by state and federal laws, and release of confidential information usually requires written consent by the client of record, or, for the minor, the parent(s) or guardian(s). I further understand that there are specific and legal and ethical limitations to this confidentiality which include the following:

1. When there is a risk of imminent danger to myself or to another person, the counselor is required to take necessary steps to prevent harm, including notifying appropriate persons.
2. When there is suspicion that a child or elder is being sexually or physically abused or is at imminent risk of being abused, the counselor is required to take steps to protect the child or elder and to inform proper authorities.
3. When a valid court order is issued for medical records, the counselor is required by law to comply with such requests.

I understand that while counseling may provide significant benefits, it may also pose risks. Counseling may elicit uncomfortable thoughts and feelings, may lead to the recall of troubling memories, or may expose unrecognized difficulties in one's life or relationships. Often such difficulties are successfully resolved within the counseling, but I understand that my counselor is prepared to make appropriate referrals to other resources when needed.

If I have any questions regarding this consent form or about the services offered, I may discuss them prior to or after signing this form. I have read and understand the above. I consent to participate in the evaluation and treatment offered to me by Beth Mich, MA. I understand that I may stop treatment at any time.

I have read the Policies and Procedures.

Client Name: _____ Date of Birth: _____

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____