**POLICIES AND PROCEDURES**

Welcome to my practice! Please take the time to read the following policies and procedures in order to

begin our work together with a mutual understanding. If you have questions or concerns, please discuss

them with me.

**CONFIDENTIALITY:** Individuals seeking mental health services should be clearly informed about

their confidentiality rights. Generally, information that you discuss with your therapist is strictly

confidential and will not be discussed with anyone without your expressed written consent. I take your

privacy seriously and will not violate legal or professional standards of confidentiality. However, there

are some exceptions. Confidentiality may be broken under any of the following circumstances:

1. If a court of law orders your records.

2. If you express intent to harm yourself or someone else, I may have to violate

confidentiality in order to ensure safety.

3. If I have reason to suspect abuse or neglect of a child or elderly person, I am required

to report this information to the appropriate authorities.

4. If you are using a mental health insurance policy, to pay for your visits,

I may be required to provide certain diagnostic and basic treatment information

in order to obtain payment for my services. In some circumstances, your insurance

company may have the right to access your records or request a verbal review of

treatment.

**FEES/PAYMENTS: All sessions are 50 minutes in length**, unless otherwise agreed. Fees for service

and/or insurance co-pays are due at the time of service. My fees for services are as follows:

**Initial Evaluation Appointment** - $180.

**Individual Therapy** - $175.

**Marital/Couples/Family Therapy** - $180.

There will be a $25. administrative fee assessed for returned checks.

***Accounts overdue by more than 60 days may be referred to a collection agency.***

**MISSED APPOINTMENTS/CANCELLATIONS**: There is no charge for cancellation of an

appointment if notice is given **48 hours** in advance. Since a time is reserved for you, any appointment

canceled with less than 48-hour notice will be subject to the following fees. Please read carefully and initial next to each line:

\_\_\_\_\_ **Late Cancel Fee** - $75 – If notice is given with less than 48 hours, but more than one hour prior

to the appointment time, a Late Cancellation charge of $75 will apply. This charge reflects the fact that,

while giving me some notice frees me to do other things during the meeting time (paperwork, phone calls,

etc.), I can’t realistically make the time available to another client on such short notice. If notice is given

within the hour prior to your appointment, it will be considered a missed appointment at the rate of $150.

\_\_\_\_\_ **Missed Appointment Fee** - $150 - If you miss an appointment without giving any prior notice at

all, you will be charged the full fee for the session. Since your insurance cannot be billed for missed

appointments, the entire fee will be your responsibility. Exceptions, for emergencies only, are rare and

made at my discretion.

**CREDIT CARD PAYMENTS:** I am able to accept payment by MasterCard, Visa, or Discover for

charges over $20. Your credit card will be processed through my secure and encrypted practice software

and will be maintained on file until it is changed or deleted. Balances due may be charged to the card on

file. You will always be notified before your card is charged and will receive an electronic receipt if I

have your email address on file.

**INSURANCE:** If you plan to use insurance to cover your services, my office will attempt to verify your

coverage in advance and to bill your insurance for payment. However, **your insurance is a contract**

**between you and your insurance company. It is in your best interest to be aware of your coverage prior to entering therapy. Any charges billed to insurance that are not covered will be your responsibility**.

**COMMUNICATION:** The most secure way to communicate with me is through my confidential voicemail or email at admin@jhartsawtherapy.com. If you leave me a message, I will return your call as soon as I am able, always within 24 hours. Text messaging is absolutely not secure. If you choose to text me, I will respond minimally with the understanding that I cannot guarantee your privacy in text messages.

**COURT:** I do not testify in court as an expert witness. If you are seeing me for marital or relationship therapy I will not be available for court testimony for either partner. In rare and unusual situations where I might be required to testify in civil court, I will require payment of $250.00 per hour, including travel time and preparation for testimony time.

**INFORMED CONSENT:** I will use therapy methods that are generally acceptable practices. The specific approach and techniques used in your therapy will be chosen to best meet your particular needs and situation. Feel free to ask me any questions you have about treatment methods, alternative techniques that would be available, and the risks and benefits of therapy approaches.

**STATEMENT OF UNDERSTANDING OF OFFICE POLICIES AND PROCEDURES:**

I have read “Office Policies and Procedures” of Jessica J. Hartsaw, M.S., LMFT-S, LPC-S. I understand them and agree that they will be in effect throughout my (our) treatment.

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

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