



Policies and Procedures

Welcome to Desired Outcomes Counseling. Please read all documents thoroughly and complete them where necessary, so that you are prepared to discuss any questions with your counselor during your first session. We apologize for the length of these forms, but they help keep us in compliance with insurance, managed care, Employee Assistance Programs and HIPPA requirements.

1. CANCELLATIONS AND MISSED APPOINTMENTS

When an appointment is scheduled, that time is reserved for you. **If the appointment is missed or cancelled without sufficient notice, the therapist is unable to make use of that time. Therefore, sessions must be cancelled 24 hours in advance, or a full session fee will be charged (\$105.00).** Please note that most insurance carriers do not cover missed appointments. If you miss more than two consecutive appointments without notice, I reserve the right not to reschedule you.

2. RELEASE OF INFORMATION

All information obtained/derived by the course of treatment is fully confidential; disclosures you share with your therapist are confidential unless you have SIGNED a consent form to release part or all of the information. HIPPA privacy standards are enforced at all times.

Therefore, to either release or obtain information from a specific individual or agency, a Release of Information must be obtained.

Limits to Confidentiality:

Exceptions to this guideline include instances when 1) the patient is a clear danger to (a) themselves or (b) others and, 2) instances when the patient is a minor (under the age of 18), or an elder and reports that he or she is or has been a victim of physical or sexual abuse.

3. TELEPHONE CALLS

Occasionally the need to talk to your therapist may arise between normally scheduled sessions. It is difficult to conduct psychotherapy over the phone, but your therapist will respond to your call during normal business hours. A charge will be incurred by the patient for any telephone consultation with your therapist over 5 minutes between scheduled sessions. If there is an emergency and we are unable to be reached, call 911, or go immediately to your local hospital emergency room.

- Do not wait for my call if you are in a true emergency -

4. LENGTH OF SESSION

The psychotherapy session is about **45-50 minutes in length** beginning at our appointed time and concluding 45-50 minutes after (75 minutes sessions may be prearranged with your therapist). Therefore, it is to your benefit to arrive a few minutes in advance of the appointment time. Since your therapist has sessions scheduled after yours, the sessions must end 45-50 minutes after the appointment time regardless of your arrival time (full fee for the session will be charged). If you are more than 20 minutes late the session will need to be rescheduled.

5. FEES AND PAYMENT

All copays and/or fees are due at the time of service. We accept cash, credit cards and personal checks, made payable to: **Kim Pollock, LPCC**. A \$35.00 service charge will be levied on all checks returned by a bank for insufficient funds. My current fee per session is \$105.00, (not including initial assessments). **If any or all outstanding balances are not paid, Desired Outcomes reserves the right to release a client's name and address to a collection agency.** Also, a monthly interest fee of 2% will be charged for these balances until they are paid in full. Additional fees are listed on a separate page.

6. INSURANCE

As a service to you we will bill your insurance company and other third-party payers, but we do not guarantee such benefits or the amounts covered, and we are not responsible for the collection of such payments. In some cases insurance companies or other third-party payers may consider certain services are not reasonable or necessary or may determine that services are not covered. This is common, especially if we are providing services for problems that are not directly related to a mental health disorder. In such cases the person responsible for payment is responsible for payment of these services. We charge our clients and patients a reasonable and customary rate for the area. Clients and patients are ultimately responsible for all outstanding payments, regardless of any 3rd party or insurance company's determination of coverage.

7. CLINICAL EXPECTATIONS AND CLIENT RIGHTS

- Treatment is Optional and Not Required. Counseling, psychotherapy and crisis intervention services are not required. I do not work with people who are forced to seek treatment by others. You are free to limit or end treatment at any time.
- Consultation. From time to time your provider may find it necessary or helpful to consult with other professionals about their work with you. I believe in using a team approach when necessary. I will always discuss this possibility with you in advance. Consultations are a routine part of professional practice and are considered confidential unless you are not a client. All providers are bound by the same laws and ethical standards. Please tell me as your counselor immediately if you have any questions, or if you do not want me to consult with outside resources or experts.
- Legal Issues. Your provider does not provide legal advice, reports for court, or forensic services. I may bring up issues for you to consider, but I recommend you seek legal opinions. Without mutual agreement and a contract for services, I generally do not provide assessments or recommendations in support of legal actions such as child custody, competency evaluations, law suites or criminal charges, letters, or expert testimony. Please notify me immediately if you are involved or may become involved in a legal or criminal matter.
- Follow-Through. Counseling is a one-way helping relationship. It is meant to be helpful and interactive. I am a short-term and directive therapist. I often provide homework and assignments to do between sessions. I expect you to be on time for sessions, participate in your treatment, complete assignments and bring in relevant content to discuss in your sessions. If this style of therapy is not comfortable for you, I am more than happy to offer local referrals. Change is only possible if you are willing to try different behavior. Just talking about change won't make it happen, you have to be willing to take risks and at times move out of your comfort zone. I will work hard to assist you in exchange for your effort to help yourself. I look forward to working with you to facilitate the changes you desire. I assume you are here because you are seeking outside assistance and direction.

We trust that your involvement within this counseling relationship will be helpful and profitable to you. If you have any questions regarding these arrangements or other aspects of your relationship with me please discuss them at any time.

This is to certify that I have read, understand, and have been offered a copy of this document.

Client's Name (print): _____

Client Signature: _____

Date: _____