

Welcome to my Practice
Navigating the Paperwork

I am looking forward to this exciting and challenging journey that lies before us. Enclosed are forms to get us started in the process. Please take a moment and read over the documents and sign those that require your signature.

Please bring all completed forms to your first appointment.

Policies for 2016-2017

Informed Consent Please retain a copy for your records as well as bring a copy with initials for first appointment

Initial interview form - important contact information as well as emergency contacts

***Information and agreement** – outlines all policies including Clinical Services and Fees, Confidentiality and Client Rights, Non-session Charges and Out-of-Network Insurance Information:*

***Confidential health questionnaire** – this form is required of all clients starting treatment, including those pursuing wellness coaching.*

***HIPPA** - Notice of Therapist's Policies and Practices to Protect the Privacy of Your Health Information*

***Eating Attitudes and Behaviors:** this is a separate form is sent to those who are pursuing treatment for disordered eating.*

Michelle Market, LPC, CEDS
Policies for January 2016
Informed Consent

Cancellations and No-Shows _____ (initial)

- A \$75 late cancellation fee will be applied to all sessions cancelled less than 24 hours. As a courtesy, I request 48 hours for cancelling. (It will be due at your next scheduled session.) You may use your scheduled time as a phone session, but please be aware that insurance typically will not reimburse for phone sessions. I make reasonable and limited concessions for emergencies (by offering a session within the week). Please note that I have a zero tolerance policy for no-shows without calls, they will be charged the full fee.

Office Hours

Herndon Office:

- I am in my Herndon office on Mondays (11-4), Wednesdays (11-4), Thursdays (12-5) and Fridays (7:00-4:00).

Virtual Practice:

- I am available for virtual sessions by appointment only during my office hours and on Tuesdays (11-4).

Emergencies:

- I do not carry a pager nor provide 24 hour coverage. If you are experiencing a mental health emergency go to your nearest emergency room or call 911.

Emails:

Please send emails regarding cancellations and questions to my mmarketlpc@gmail.com

Scheduling:

I maintain an on-line schedule through www.therapyappointment.com this saves some back and forth with trying to reschedule. You will be able to go into the system and view your appointments as well as cancel and reschedule appointments. My schedule is posted a month at a time. You will receive a reminder email 48 hours prior to your scheduled appointment. You can opt to have it emailed to you or receive a text.

Expectations: As part of our work together, you can expect from me:

- To be listened to
- To be provided support and resources to facilitate this process

What I expect from you is:

- To arrive on time for your scheduled sessions
- To call if you are going to be late or need to cancel your session
- Pay at each session
- Think about the work that we do outside of therapy.
- Be open to the possibilities that are presented before you.

Current Fees _____ (initial)

Initial Assessment 75 minute diagnostic and planning appointment (this includes coordination of services to begin treatment) \$250

50 minute therapy session \$155

60 minute therapy session \$170 (EMDR preparation)

60 minute Group Interview \$175

30 minute Individual Therapy session \$100

EMDR 75 minute sessions \$225

Phone and Virtual Sessions ***please note these services are typically not covered under insurance. Please check with your insurance provider to inquire about reimbursement for services offered over skype or phone.*

Phone Consultation

\$40 per 15 minutes

Groups:

Day time groups \$50 per session (groups paid per month \$200/month) Daytime Groups – 75 minute sessions

Evening groups \$75 per session (groups paid per month \$300/month) -75 minutes

Phone Groups \$200/month

Confidentiality Statement:

All information shared in this treatment is confidential except in circumstances governed by law.

If you would like me to confer with another healthcare professional, you will need to sign a “Release of Information” form. This permission can be revoked by you at any time.

I have received the **Notice of Therapist’s Policies and Practices to Protect the Privacy of Your Health Information.** _____ (initial)

Financial Agreement:

Your fee per visit is payable at the time of treatment. I accept cash, check and credit card. To have your credit card stored, please fill out the credit authorization form. Fees are subject to change every two years. _____ (initial)

Statement of Understanding

I have read and understand this information sheet and informed consent.

Client

Date

**The Retreat Wellness and Recovery Center
MICHELLE MARKET, LPC, CEDS
461A CARLISLE DRIVE
HERNDON, VA 20170
INITIAL INTERVIEW FORM**

Date: _____

CLIENT INFORMATION:

Name: _____

Phone: (Cell) _____ (Hm) _____

Address: _____ City: _____

State: _____ Zip: _____

May I have permission to mail to this address? Yes _____ No _____

Email: : _____

Sex: Male _____ Female _____ Date of Birth: _____

Others living at home: _____

Employer: _____ Occupation _____

How long have you worked there? _____ How long in this occupation? _____

Education: (List highest level of education attained) _____

Primary Physician: _____ Phone _____

List any significant health problems: _____

List any medications you are taking and the dosage: _____

Have you seen this type of therapist before? YES _____ NO _____

If yes, when and with whom? _____

Give a brief description of treatment: _____

How were you referred to my office? _____

Emergency contact: _____ Phone: _____

FINACIALLY RESPONSIBLE PERSON'S INFORMATION

Name: _____ Relationship to Client _____

Phone (if different from above): _____

Address (if different from above): _____

Michelle Market, LPC, CEDS

461A Carlisle Drive

Herndon, VA 20170

703.597.7869

www.michellemarket.com mmarketlpc@gmail.com

INFORMATION AND AGREEMENT

This document contains important information about my professional services and business policies. Please read it carefully, sign it, and bring it with you, along with any questions you have, to our first session. You can expect courtesy, respect and strict adherence to professional ethics and standards. I encourage you to ask questions and suggest ways that I can better serve you.

Length of Sessions and Fee: Our sessions will typically last for 50 minutes unless otherwise arranged. The cost for a 50 minute session is \$155. The fee for the 75 minute initial assessment and preparatory consultations is \$250. Brief or extended sessions, phone consultations, and online or virtual counseling are also available may be billed at different rates. EMDR sessions are \$170 for 60 minutes, and \$225 for 75 minute sessions.

Non-clinical Services and Fees:

Fees for non-clinical services, such as workshops, training, court accompaniment, expert testimony, peer supervision, and consultation are negotiated on a case-by-case basis.

Cancellation Policy: Regular attendance is a critical factor for successful therapy. It is my policy that sessions not cancelled within 24 hours will result in a cancellation charge of \$75.00. As a courtesy, please cancel within 48 hours of your scheduled appointment. If you arrive late for a session, only the remainder of the scheduled time will be available. If you are unable to attend a scheduled session, I make reasonable and limited concessions for emergencies. Your appointment is reserved exclusively for you. Please notify me as soon as possible if you do not expect to attend your appointment. **I require at least a 24-hour notice of cancellation.** Appointments cancelled prior to the 24-hour period will be rescheduled without penalty. Appointments cancelled within the 24-hour period will be subject to \$75 cancellation fee. *Appointments missed without notice as well as appointments cancelled on the same day will be subject to the full fee as well.* This policy is in place in order to discourage cancelled sessions for clinical reasons as well as to minimize my financial loss. A client session is blocked for that hour, and missed sessions result in an open hour that may have been available for another client, inconvenience for the therapist, and a loss of revenue. If enough notice is given, I can offer the missed session time to another client or otherwise plan to fill the time.

Out-of-Network Insurance Information:

I am an "out-of-network" provider. Your insurance company may reimburse you according to the guidelines they have established for out of network providers. First, check with your insurance company to determine whether "out of network" provider fees will be reimbursed to you. Often, out of network benefits are considerable. Clients using out of network benefits are expected to pay my full fee up front. I do not submit insurance forms, but upon request I will provide a monthly statement that may be attached to your completed insurance form.

Non-session Charges:

After the initial intake session, I charge full-fee (\$160.00) in 15-minute increments for non-session services that require more than 15 minutes of time, such as reading of documents and emails, consultation with professionals, or emergency phone consultations. These fees are payable at the next scheduled session. Please note that these services are not typically covered by insurance, with the possible exception of telephone sessions. I will make every effort to let you know ahead of time what non-session charges have been incurred, and will provide a statement for these charges at the closest next session.

Confidentiality and Client Rights:

The information shared in session with me will remain confidential within the provisions of the American Counselors Association code of ethics, and orders of the courts. HIPPA regulations are available upon request. Exceptions to confidentiality only occur if I suspect or know of abuse or neglect with respect to a

child, or an incapacitated adult; or if a client is in imminent danger of harm to self or others. In these cases, I am bound by law to contact authorities and take protective actions. In such cases as these, I will make every effort to discuss it with you before taking any action. Additional exceptions may occur if I am required by court order to release information. By signing this form, you also give me permission to communicate with the emergency contact you have designated if I believe you are at risk. Please consult with me if you have any questions about confidentiality.

Emergencies: I do not carry a pager and do not provide “24x7” coverage; however I do check my voicemail regularly. If you experience a mental health emergency, please call 703.527.4077, 703.573.5679, 911, or go to your local hospital or emergency clinic before trying to reach me. In the case of planned extended absence (e.g. vacation), backup clinical coverage will be arranged.

Litigation Limitation: It is agreed that –should there be legal proceedings (such as but not limited to divorce and custody disputes, injuries, etc.) – neither you nor your attorney, nor anyone else acting on your behalf will call me to testify in court or at any proceeding, nor will a disclosure of my records be requested.

Fee and Payment Policies: In recognition that this work constitutes a significant investment, I endeavor to provide services that are both valuable and affordable. If you are unable to render full payment, please discuss this promptly with me. It is my policy to work with clients directly rather than through most Managed Care Companies. If you choose to work with your insurance company, it is your responsibility to verify the specifics of your coverage. I will gladly provide instructions, complete any paperwork that may be required to substantiate your treatment, and give you invoices that you may use to file for reimbursement. In that case, no money will come to you through me: reimbursement funds will be sent to you directly. Payment is due at the end of each session unless other arrangements are made and will be accepted in the form of cash and/or personal check. *There is a \$25 charge for returned checks.* Fees for brief, extended, or phone session will vary based on time and materials required. I would be happy to provide letters or other documentation to a third party (e.g. doctor, attorney, etc.).

If I am compelled by subpoena to appear for any legal or law enforcement proceedings involving your case, you will be billed for such appearance(s) at \$250 per hour. If a client becomes involved in court proceedings that require my participation, payment in full is expected for my professional time, including transportation, preparation, deposition, consultation, court appearance, and report writing. Because of the complexity of legal involvement, I charge \$250.00 per hour for preparation and attendance at legal proceedings.

Clients will be only allowed to retain the equivalent of a one-session balance and all unpaid balances will be referred to collection after 30 days unless other arrangements are made.

Discontinuing Services: Ending treatment is an important part of the therapeutic process. Please discuss with me any desire or plan to discontinue therapy so that it may be worked into the therapeutic process. By signing this form, client agrees to schedule a termination session prior to discontinuing treatment.

Social Media Policy

To protect your confidentiality, I do not friend on Facebook, or accept LinkedIn requests. Please note that email is not encrypted and should only be used for scheduling questions. In the event of wanting to send longer requests please refer to www.therapyappointment.com which provides encrypted email.

I have read, understand, and agree to comply with the above policies.

Client and/or Legal Guardian Signature

Date

The Retreat Wellness and Recovery Center

Michelle Market, LPC, CEDS

461A Carlisle Drive
Herndon, VA 20170
(703) 597-7869

Credit Card Authorization

This is not an online form. Please print the form, fill it out and bring it to your next appointment. Thank you!

Client's Name _____

We ask for 48 hours notice if you find you cannot make your appointment. Last minute cancellations (i.e.: less than twenty-four hours before the designated appointment will be charged a \$75 late cancel fee) no calls, no shows will be billed for the treatment session missed.

Exceptions to the cancellation policy will be made for medical emergencies as well as inclement weather.

Therefore, please call and leave a message at the office first thing in the morning if you are experiencing a medical emergency or in the event of inclement weather.

By signing below you confirm that you fully understand that health insurance policies and reimbursement issues are between you and your health insurance company, that all services rendered are charged directly to you, and that you are personally responsible for payment to Michelle Market, LPC and that this responsibility is not related to potential health insurance coverage or reimbursement.

The undersigned authorizes Michelle Market, LPC to make the following charges to their credit card for payment of therapy services.

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

VISA or MC ONLY

3 DIGIT CODE _____

NAME ON THE CARD _____ (AS IT APPEARS ON THE CARD)

ADDRESS THE CARD STATEMENTS ARE MAILED TO (BILLING ADDRESS):

ZIP CODE of BILLING ADDRESS _____

SIGNATURE OF CARD HOLDER _____

DATE _____

This agreement will remain in effect, and your card may be charged after each session, until this agreement is cancelled in writing.
