PLEASE RETAIN A COPY OF THIS INFORMATION FOR YOUR RECORDS

Copperleaf Counseling, PLLC

Elizabeth Mitchell, LCSW

Policies and Procedures

**Appointments:** My days in the office are Monday, Tuesday, and Thursday between 9 am and 5pm. I do, on occasion, schedule appointments outside these hours if necessary or at the request of the client. I make every effort to spend as much time with my clients as possible. Sessions range from forty-five minute to sixty minutes. Clients are welcome to text or email me with questions or topics of items they want to discuss in session prior to their appointment.

**Attendance and Missed Appointment Fees:** Every time you schedule an appointment with me, that time is specifically set aside for you. If you don't attend or cancel with a minimum of 24 HOURS’ NOTICE you will be charged a $50.00 missed appointment fee. This fee will be charged to your credit card on file at the end of day of the missed appointment.

**Financial Policies:**

**I currently accept the following insurance: Blue Cross/Blue Shield, Cigna and Medicare.** By signing below, you acknowledge that I can exchange the following information with your insurance company: billing and payment information, diagnoses and treatment summaries or further information per the insurance company’s request for determining payment and clinical decision-making. Many individuals have not met their deductible at the time of service, which means you are responsible for the balance of the fees owed. Either I will talk with you about this in session or have my billing company forward a bill to you.

**If I do not take your insurance:** Each session ranges from $80.00 to $120.00 depending on sliding scale fee. This fee schedule is included in your intake packet. Fees are collected at the time of service via cash, check or credit card.

If you fall behind in payment of fees, I will attempt to work out a payment plan. If you miss more than two payments, services may be suspended until the balance has been paid. I accept cash or checks. I also accept credit cards at no cost to you.

**Contact information:** Clients are welcome to call or text me at 919-886-1660 with concerns or questions. They are also welcome to email me at **eamlcsw@gmail.com**. Unless an immediate response is needed, I usually wait to answer these questions or concerns in session.

**Minors:** To ensure I obtain the best information possible, I require the parent or guardian to accompany a child to each appointment for at least the first three sessions. After that, I am open to having other family members bringing the child if necessary as long as I have communication with parent regarding progress or concerns prior to each visit.

**Crisis Protocol:** Unfortunately, I do NOT have the resources to provide after hours or emergency services. If you believe you may be in need of these services, please go to your nearest emergency room and ask to speak with attending psychiatrist or social worker. If you feel you are in immediate need (e.g. present a danger to yourself or others) please call 911. You can also call or go to Holly Hill Hospital. Their number is 919-250-7000.

**Confidentiality and Exchange of information:** The confidentiality and privacy of all communication between and therapist and client is protected by state and federal laws.If a client requests that I provide any information within their file to others, the client will need to fill out a Release of Information form. All information to be released will be discussed between the client and myself, prior to any release of records. Releases of Information are good for one year and can be revoked verbally and confirmed in writing at any time. **Please keep in mind I am a mandated reporter. If I become aware of child abuse or any intended harm to self or others, I am required to report it to the appropriate authorities. In such cases, I am not required to obtain a Release of Information.**

**Subpoenas and Court Testimony**: Occasionally a client and/or their attorney will subpoena or request me to testify in court on their behalf. In these cases I usually discuss in depth with the client how my appearance in court could have a beneficial or negative impact on their case. Often court appearances can disrupt the therapeutic relationship between client and therapist and as a result I ask my client's to think carefully about whether they really want me to be present in court. In the event a client or attorney wants me to testify, the following fees apply.

First hour in court (whether waiting to testify or on the stand) is $150.

Second hour in court (whether waiting to testify or on the stand) is $200.

Every hour after increases in $75.00 increments (hour three is $275, hour four is $350).

Mileage rates also apply to court appearances and are charged at a rate of: Fifty cents per mile after the first ten miles.

PRIOR to your court date: I must receive a deposit of $150.00 that will go towards the payment for my first hour in court. A payment plan must be made for any outstanding balance. In the event that payment plan is not paid as agreed, suspension of service will be in effect until the balance is paid.

**Termination of Services:** When a client and I agree the client's treatment goals have been met or the client has made sufficient progress, we can discuss a plan to reduce or end services. The client is always welcome to return for additional services at any time. I reserve the right to terminate services or refer a client to another therapist for any of the following reasons: for non-payment of services, too many missed appointments, the client's particular issue is outside of my scope, the client isn't making sufficient progress or is continually sabotaging their progress, a client is destructive to property.

**HIPPA:** [ ]  I wish to receive a copy of the HIPPA Privacy Policies

 [ ]  I DO NOT wish to receive a copy of the HIPPA Privacy Policies

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

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Client Name and Signature Date

You will be provided a copy of this signed form during your initial appointment.