



THE THOMAS C. PENNELL
CHRISTIAN COUNSELING CENTER
CLIENT INFORMATION

Today's Date: _____ Counselor: _____

Name: _____
 First Middle Last Date of Birth

Spouse Name: _____
 First Middle Last Date of Birth

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

May we contact you by email? Yes No

Do you know for certain that you have Eternal Life when you die? Yes No Don't know

Phone: Primary () - Secondary () -

May we leave a message? Yes No

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Broadmoor Baptist Church Member? Yes No

Are you active in a local church? Yes No If Yes, name church: _____

Married? Yes No Number of Marriages: _____ Length of Last/Current Marriage: _____

Divorced? Yes No Number of Divorces: _____ Time Since Last Divorce: _____

Widowed? Yes No Time Since Spouse's Death: _____

Separated? Yes No If Yes, how long? _____

Employed? Yes No If Yes, Where? _____ Job Title: _____

Annual Household Income (N/A for Broadmoor Members): \$ _____

*** If Client is a minor - Parent / Guardian please answer these final questions as they pertain to the child:**

What are your goals for counseling? _____

Who referred you for counseling? _____

Are you currently on any prescribed medication(s)? Yes No

If Yes, please list medication(s): _____

When were you last seen by a physician for a physical examination? _____



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Erin Burnham, LMSW

4110 Youree Drive
Shreveport, LA 71105
(318) 868-6554

Declaration of Practices and Procedures

The following declaration of practice is provided for you in order for you to understand the qualifications and services offered by Erin Burnham, LMSW.

Qualifications: I received my Master of Social Work from Stephen F. Austin State University. I am a Licensed Masters Social Worker with the Louisiana State Board of Social Work Examiners, which is located at 18550 Highland Road, Suite B, Baton Rouge, LA 70809, and phone: 225-756-3470.

Counseling Relationship: I view counseling as a collaborative process in which you, the Client, and I work together to explore and understand the presenting problem, develop goals, and work together towards finding ways to implement them. Even though we will work together towards positive, future growth, change begins with you, the Client. It is my responsibility to create a safe environment in which we can explore issues and institute changes together.

Fees and Length of Counseling: Members of Broadmoor Baptist Church receive 6 free sessions annually over a 12-month calendar year. Any additional sessions will be charged at \$20 per session for the remainder of the calendar year. A Member is defined as anyone who has joined Broadmoor Baptist Church by decision of salvation in Jesus Christ, followed Him in believer's baptism, attended a Discover Broadmoor class, and been accepted for membership by the church as a whole OR has joined Broadmoor Baptist Church through the transfer of letter from another Southern Baptist Church, attended a Discover Broadmoor class, and been accepted for membership by the church as a whole. Non-members pay a sliding fee scale based on annual household income. See sliding fee scale below:

Up to \$20K-\$35.00 per session
\$20K-\$30K-\$45.00 per session
\$30K-\$40K-\$55.00 per session
\$40K-\$55K-\$65.00 per session
\$55K-\$70K-\$75.00 per session
\$70K- and up-\$85.00 per session

NOTE: Both members and non-members will be charged \$85.00 per session for counseling related to gambling issues.

Fees applicable to non-members are to be paid at the time of service. Check, cash or credit card is accepted. We collect a 3% service charge for credit cards. Fees at this time \$35 per session.

My services are by appointment only. Because the appointment is reserved for you, it is necessary to charge for appointments that are not canceled 24-hours in advance (charged at 50% of the usual fee). Failure to provide 24-hour notice of cancellation generally means that some other person is not able to use that appointment time.

The length of the counseling hour is approximately 45-50 minutes.

It is difficult to predict the number of sessions needed to maximize counseling. I will be able to make a better assessment of the number of sessions needed after our initial consultations and after having identified and gained insight into the Client's situation.

Both Client and counselor will mutually agree upon the number of sessions to be provided in counseling. An assessment will be made at the end of those mutually agreed upon sessions to determine if further counseling is needed. Any further counseling sessions will be mutually agreed upon by both the Client and counselor at that time.

Services Offered and Clients Served: I provide counseling for children, ages 3 to 17, as well as women. Therapeutic approaches that I utilize are: EMDR, family systems, strengths perspective, cognitive behavioral, solution-focused, and therapeutic play. I am a Christian counselor and approach counseling from a Christian worldview. However, I will not demand that you, the Client, accept my Christian worldview or choose to include spirituality and/or religion as part of your treatment plan.

Emergency Situations: The Thomas C. Pennell Christian Counseling Center is an outpatient counseling service. Therefore, I do not provide 24-hour emergency services. If an emergency should arise after office hours or during holidays or weekends, you may leave a message and your call will be returned during business hours the next day I'm in the office. If a crisis situation occurs when I am not available, you may seek help through hospital emergency room facilities:

Brentwood Hospital 678-7500
Willis Knighton Behavioral Medical 212-5200

Christus Highland Emergency Room 681-5443
Ochsner LSU Health ER 626-4021

***Or Dial 911**

Confidentiality: The Client / counselor relationship is one of mutual trust and respect. Because I value that trust and respect, information discussed in our sessions will remain confidential. However, I may be required to disclose confidential information discussed in sessions in the following circumstances in accordance with state law:

- 1) The Client signs a written release of information indicating informed consent of such release,
- 2) The Client expresses intent to harm him/herself or someone else,
- 3) There is a reasonable suspicion of abuse/neglect against a minor child, elderly person (60 or older), or a dependent adult,
- 4) A court order is received directing the disclosure of information,
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It is my policy to assert privileged communication on behalf of the Client and the right to consult with the Client if at all possible, except during emergency, before mandated disclosure. I will seek to apprise Clients of all mandated disclosures as conceivable.

As part of my documentation, I use a digital camera to take pictures of artwork constructed by Clients as well as sand tray depictions when necessary. Any pictures taken are kept in the Client's file.

We will store, safeguard, and dispose of Client records in such a way as to maintain confidentiality and in accord with applicable laws and profession standards. Subsequent to moving from an area, closing the practice, or upon my death, we will arrange for the storage, transfer or disposal of Client records in such a way as to maintain confidentiality and safeguard the welfare of the Clients.

The Thomas C. Pennell Christian Counseling Center is a part of Broadmoor Baptist Church and while we provide a private entrance to the center, there may be times when you need to enter the center through the main entrance of the church. On those occasions, you do not need to sign in at the front reception desk.

Client Responsibilities: You, the Client, are a full partner in counseling. Your honesty and effort is essential to success. If as we work together, you have suggestions or concerns about your counseling, I expect you to share these with me so that we can make the necessary adjustments. If it develops that you would be better served by another mental health provider, I will help you with the referral process. If you are currently receiving services from another mental health professional, I expect you to inform me of this and grant me permission to share information with this professional so that we may coordinate our services to you. I expect you to inform me of your general physical health and any medical treatments that may impact your counseling, as well as any medications you are taking. Part of the counseling process involves the Client putting into practice ideas that we mutually agree will be beneficial for helping the Client improve their situation. I expect the Client to faithfully attempt to implement and follow through with any outside work assigned during counseling sessions. Success in counseling will be greatly diminished unless the Client is willing to practice what is discussed in counseling in their everyday environment.

Physical Health: Physical health can be an important factor in the emotional well-being of an individual. If you have not had a physical examination in the last year, it is recommended that you do so. You will be asked the name of your physician, and to list any medications that you are currently taking, as a routine part of the initial session.

Potential Counseling Risks: The Client should be aware that counseling poses potential risks. In the course of working together, additional problems may surface of which the Client was not initially aware. If this occurs, the Client should feel free to share these new concerns with me. Studies suggest that counseling involving only one spouse can lead to the dissolution of the marriage instead of improving it. Changes in relationship patterns that may result from family counseling may produce unpredicted and/or possibly adverse responses from other people in the Client's social system. A result of family counseling may be a realization on the part of the Client that there are issues that may not have surfaced proper to the onset of the counseling relationship.

Professional Services Contract: (Print name) _____, herein referred to as the "Client", has this day retained Erin Burnham, LMSW of The Thomas C. Pennell Christian Counseling Center to provide counseling. I have read and understand the above information.

It is expressly understood that Erin Burnham, LMSW has not issued and will not issue any guarantee of cure, treatment effects, number of sessions necessary, or total cost of service.

It is further understood that Erin Burnham, LMSW shall be obligated to maintain a reasonable standard of care for practicing Licensed Clinical Social Worker. Neither, Erin Burnham, LMSW nor The Thomas C. Pennell Christian Counseling Center shall be held to any special or elevated standard of care.

The Client agrees that all fees shall be due and paid at the time of treatment and that payment in arrears over two sessions will result in the cessation of counseling until the balance is made current.

We, the undersigned LMSW and Client, have read, discussed together, and fully understand this agreement and the stated policies. We agree to honor these policies and will respect one another's views and differences during counseling. This agreement is entered into voluntarily by the Client with competency and understanding and knowledge of consequence.

Client Signature: _____ Date: _____

<p>For Minor(s) Only: I, (Parent / Guardian) _____, give permission for Erin Burnham, LMSW to conduct counseling with my (relationship to minor) _____.</p> <p>Name of Minor: _____</p> <p>Parent/Guardian Signature: _____ Date: _____</p> <p>Parent/Guardian Signature: _____ Date: _____</p>
--

Counselor Signature: _____ Erin Burnham, LMSW Date: _____



THE THOMAS C. PENNELL
CHRISTIAN COUNSELING CENTER

ACKNOWLEDGEMENT OF RECEIPT

I, (*Print Name*) _____, have received a copy of the TCPCCC Welcome letter, Declaration of Practices, HIPAA Notice of Privacy Practices, and Professional Disclosure Statement for Erin Burnham, LMSW.

Signature: _____

Date: _____

For office use only:

We attempted to obtain written acknowledgement of receipt of Notice of Privacy Practices, but acknowledgement could not be obtained because:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (*Specify below*)



THE THOMAS C. PENNELL
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Welcome to the Thomas C. Pennell Christian Counseling Center! **TCPCCC** is a ministry of Broadmoor Baptist Church aimed at promoting emotional, relational, and spiritual health of its members and the surrounding community. **TCPCCC** works with individuals, couples, families, churches, and communities in creating and maintaining a healthy understanding of spirituality as it relates to overall life-satisfaction. **TCPCCC** operates under the umbrella of Broadmoor Baptist Church and helps to fulfill the church's vision and mission.

Mission: Know Christ, Love People, Reach the World

TCPCCC is concerned with both the prevention and intervention aspects of building stronger Christian individuals, couples, and families. We offer such ministries as pre-marital education, divorce recovery workshops, grief support groups, crisis intervention, as well as a host of other ministries aimed at strengthening people through Jesus Christ and the power of His Word.

TCPCCC is made up of a group of committed Christian counselors and volunteers whose aim is to help you in your pursuit of a more fulfilling life in Christ. We define Christian counseling as:

A relational process in which a faithful follower of Christ utilizes his or her God-given gifts, training, knowledge, and experiences, following the direction of the Holy Spirit, in the task of walking with others toward spiritual maturity, emotional health, cognitive truth, relational stability, and behavioral accountability in a caring and supportive environment.

Our hope and prayer for you as you begin your Christian Counseling journey is that your life will be forever changed through the power of the Holy Spirit and God's Word. The Holy Spirit works through our Christian counselors through the truth and power of His Word. As you begin your counseling experience here at **TCPCCC**, we want you to be aware of a few things that are essential if your counseling is to produce results that are lasting.

1. The Christian counseling you receive at **TCPCCC** is drawn from God's Word – it is done in accordance with and not contrary to any teaching of God's Holy Scriptures.
2. Christian counseling, when done with authenticity, is always more concerned with heart transformation than with simply alleviating symptoms.
3. Heart change often begins with changing one's thinking. We ask that you be open to thinking in ways that you might not be accustomed.
4. Christian counseling is a process that usually requires more than one session. We ask that you be committed to the process of learning new ways of thinking and behaving in order to develop change that will last beyond the Christian counseling experience.

We hope you are ready to examine your own life and make appropriate changes through the counseling process, so that the Fruit of His Spirit (*Galatians 5:22*) will reign in your life. We are excited to be involved in this journey with you and we pray that your heart is ready for the God of Healing to touch your life, your marriage, and your family!

Derek Pearce, Ph. D, LPC, MDIV, MBA, BSBA
Minister of Counseling, Broadmoor Baptist Church



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CHRISTIAN COUNSELING CENTER

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MENTAL HEALTH AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

The Thomas C. Pennell, Christian Counseling Center (TCPCCC) is required by law to maintain the privacy of certain confidential health information, known as Protected Health Information (PHI) and to provide you with legal notice of our legal duties and privacy practices with respect to your PHI.

This Notice of Privacy Practices tells you how TCPCCC may use or disclose information about you. Not all situations will be described. We are required to give you a notice of our privacy practices for the information we collect and maintain about you. TCPCCC is required to follow the terms of the notice currently in effect, however, TCPCCC may change its privacy practices and make that change effective for all PHI maintained by TCPCCC. The effective date of this Notice of Privacy Practices is May 1, 2016.

TCPCCC May Use and Disclose Information Without Your Authorization

- **For Treatment** – TCPCCC may use or disclose information to health care providers who are involved in your health care. For example, information may be shared to create and carry out a plan for your treatment.
- **For Payment** – TCPCCC may use or disclose information for any activities we must undertake in order to get reimbursed for the services provided, including such things as organizing PHI and submitting bills to insurance companies (either directly or through a third party), management of billed claims for services rendered. **TCPCCC will not use or disclose more information for payment purposes than is necessary. This is known as using only the minimum necessary amount to accomplish the purpose of use or disclosure.*
- **For Health Care Operations** – TCPCCC may use or disclose information in order to manage its programs and activities. For example, TCPCCC may use PHI for medical necessity reviews, utilization management or to review the quality of services you receive.
- **Appointments and Other Health Information** – TCPCCC may send you reminders for counseling services, eligibility / billing calls or confirmation. TCPCCC may send you information about services that may be of interest to you.
- **As Required by Law and For Law Enforcement** – TCPCCC will use and disclose information when require or permitted by Federal or State law or by a court order. If

Federal or State law creates higher standards of privacy, TCPCCC will follow the higher standard.

- **For Abuse Reports and Investigations** – TCPCCC staff are “mandated reporters”. Any report of child abuse or neglect must be reported to the State Department of Children and Family Services(DCFS). TCPCCC are also mandated to report if they have cause to believe that an adult’s physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, or exploitation (Office of Aging and Adult Services).
- **To Avoid Harm** –TCPCCC may disclose PHI to law enforcement agencies in order to avoid serious threat to the health, welfare, and safety of a person or the public.
- **Disclosures to Family, Friends, and Others** – In the event that you are not capable of objecting (due to not being present, or otherwise incapacitated), TCPCCC may disclose information to your family or other persons who are involved in your treatment. In that situation, we will only disclose health information relevant to that person’s involvement in your treatment. You have the right to object to the sharing of this information.

Other Uses and Disclosures Require Your Written Authorization

Any other uses and disclosures not described above will be made only with your written authorization (the authorization must specifically identify the information we seek to use or disclose, as well as when and how we seek to use or disclose it). You may cancel this authorization at any time in writing. TCPCCC cannot take back any uses or disclosures already made with your authorization. Authorization is required for the following:

- Most uses and disclosures of psychotherapy notes; and
- Uses and disclosures of Protected Health Information for marketing purposes.

Your Privacy Rights

- **Right to See and Get Copies of Your Records.** In most cases, you have the right to look at or get copies of your records. You must make the request in writing. You may be charged a fee for the cost of copying your records.
- **Right to Request to Correct, Amend, or Update Your Records.** You may ask TCPCCC to change or add missing information to your records if you think there is a mistake. You must make the request in writing, and provide a reason for your request.
- **Right to Get Notice of a Breach.** You have the right to be notified upon a breach of any of your unsecured Protected Health information.
- **Right to Get a List of Disclosures.** You have the right to ask TCPCCC for a list of disclosures made in the last six years prior to the date of the request. You must make the request in writing. This list will not include the times that information was disclosed for treatment, payment, or health care operations. The list will not include

information provided directly to you or your family or information that was sent with your authorization.

- **Right to Request Restrictions on Uses or Disclosures of Protected Health Information.** You have the right to ask TCPCCC to restrict how your information is used or disclosed. You must make the request in writing and tell TCPCCC what information you want to limit and to whom you want the limits to apply. Generally, TCPCCC is not required to agree to the request. However, TCPCCC is required to agree to a request to restrict certain disclosures of Protected Health Information to a health plan when you pay out of pocket (you have requested that your health plan is not billed) in full for the healthcare item or service. You can request in writing that the limit be terminated.
- **Right to Revoke Permission.** If you are asked to sign an authorization to use or disclose information, you can cancel that authorization at any time. You must make the request in writing. This will not affect information that has already been shared.
- **Right to Choose How We Communicate with You.** You have the right to ask that TCPCCC share information with you in a certain way or in a certain place. For example, you can ask TCPCCC to send information to your work address instead of your home address. You must make this request in writing. You do not have to explain the reason for your request.
- **Right to File a Complaint.** You have the right to file a complaint with TCPCCC at the address listed below, if you do not agree about how TCPCCC has used or disclosed information about you.
- **Right to Get a Paper Copy of this Notice.** You have the right to ask for a paper copy of this notice at any time.
- **Right to Receive Notice of Change to TCPCCC Privacy Practices.** You have a right to receive notice of changes in TCPCCC privacy practices that affect you on or after the effective date of the change.

If you have any questions or if you wish to file a complaint or exercise any rights listed in this Notice, please contact Derek Pearce, LPC., TCPCCC Director and Privacy Officer for The Thomas C. Pennell Christian Counseling Center, 4110 Youree Drive, Shreveport, Louisiana 71105, phone (318) 868-6554.

Mental Health Consumers' Rights

This document is provided to persons receiving mental health services from a Louisiana Licensed Professional Counselor (LPC) or a Louisiana Licensed Marriage and Family Therapist (LMFT). Its purpose is to protect the rights and enhance the well being of clients by informing them of key aspects of the clinical relationship. You have, without asking, the right:

1. To be treated in a professional, respectful, competent and ethical manner consistent with all applicable state laws and the following professional ethical standards:
 - a. for Licensed Professional Counselors
 - b. for Licensed Marriage and Family Therapists.
2. To receive full information about your treatment provider's knowledge, skills, experience and credentials.
3. To have the information you disclose to your mental health provider kept confidential within the limits of state and federal law. Communications between mental health providers and clients are typically confidential, unless the law requires their disclosure. Mental health providers will inform you of the legal expectations of confidentiality, and should an exception arise, will share only such information as required by law. Examples of such exceptions include but are not limited to:
 - a. abuse of a child;
 - b. abuse of an incapacitated adult;
 - c. Health Information Portability and Accountability Act (HIPAA) regulation compliance;
 - d. certain rights you may have waived when contracting for third party financial coverage;
 - e. orders of the court; and
 - f. significant threats to self, others or property.
4. To a safe setting and to know that the services provided are effective and of a quality consistent with the standard of care within each profession.
5. To know that sexual relations between a mental health provider and clients, clients' romantic partners, clients' family members; former clients, clients' romantic partners, or family members are a violation of the law.
6. To obtain information, as allowed by law, pertaining to the mental health provider's assessment, assessment procedures and mental health diagnoses.
7. To participate meaningfully in your treatment.
8. To documented informed consent: All LPCs and LMFTs are required to provide clients with a declaration of practice, to be informed of the risks and benefits of the proposed treatment, alternative treatments and of no treatment. When obtaining informed consent for treatment for which safety and effectiveness have not been established, therapists will inform their clients of this and of the voluntary nature of their participation. In addition, clients have the right to be informed of their rights and responsibilities, and of the mental health provider's practice policies regarding confidentiality, office hours, fees, missed appointments, billing policies, electronic communications, managed care issues, record management, and other relevant matters except as otherwise provided by law.
9. To obtain information regarding the provision(s) for emergency coverage.
10. To receive a copy of your mental health record within 15 days upon written request (except as otherwise provided by law), by paying the fee set by law to defray the administrative costs of producing the record (LA RS 40: 1299.96).
11. To know that your mental health provider is licensed by the state of Louisiana to provide mental health services.
 - a. You have the right to obtain information about mental health practice in Louisiana. You may contact the Licensed Professional Counselors Board of Examiners for a list of names, addresses, phone numbers and websites of state and national professional associations.
 - b. You have the right to discuss questions or concerns about the mental health services you receive with your provider.
 - c. You have the right to file a complaint with the Louisiana Licensed Professional Counselors Board of Examiners if you believe you have been treated improperly.





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Client Signature: _____ Date: _____

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--

Counselor Signature: _____ Erin Burnham, LMSW Date: _____

Social workers shall display at the social worker's primary place of practice or make available for all clients the following professional disclosure statement:

Professional Disclosure Statement

**from the
Rules, Standards and Procedures of the
Louisiana State Board of Social Work Examiners**

A social worker shall display at the social worker's primary place of practice or make available for all clients a statement that the client has the right to:

1. Expect that the social worker has met the minimal qualifications of education, training, and experience required by state law;
2. Examine public records maintained by the Board which contain the social worker's qualifications and credentials;
3. Be given a copy of the Standards of Practice upon request;
4. Report a complaint about the social worker's practice to the Board;
5. Be informed of the range of fees for professional services before receiving the services;
6. Privacy as allowed by law, and to be informed of the limits of confidentiality;
7. Expect that the social worker will take reasonable measures consistent with the social worker's duty of confidentiality to limit access to client information and any expressed waivers or authorizations executed by the client. Reasonable measures include restricting access to client information to appropriate agency or office staff whose duties require such access.
8. Receive information that a social worker is receiving supervision and that the social worker may be reviewing the client's case with the social worker's supervisor or consultant. Upon request, the social worker shall provide the name of the supervisor and the supervisor's contact information.
9. Be free from being the object of discrimination while receiving social work services; and,
10. Have access to records as allowed by law.

Louisiana State Board of Social Work Examiners
18550 Highland Road, Suite B
Baton Rouge, LA 70809
Telephone: 225-756-3470 or 800-521-1941 (LA only)
website: www.labswe.org



THE THOMAS C. PENNELL
CHRISTIAN COUNSELING CENTER

4110 Youree Drive
Shreveport, LA 71105
(318) 868-6554

Fee Scale

Fees represent time on your behalf, including record keeping and session preparation. The current fee scale for each counseling session is:

Total Gross	
Household Income	Fee
Up to \$20,000	→ \$35.00
\$20,001 - \$30,000	→ \$45.00
\$30,001 - \$40,000	→ \$55.00
\$40,001 - \$55,000	→ \$65.00
\$55,001 - \$70,000	→ \$75.00
\$70,001 and over	→ \$85.00

The current fee for each counseling session with Erin Burnham, LMSW, is a flat rate of \$35.00
All fees are to be paid at the time of service.

Checks should be made payable to Broadmoor Baptist Church.

Insurance payments and credit cards are not accepted.

Clients will be furnished an invoice for services rendered for use in filing insurance claims.

IT IS THE RESPONSIBILITY OF THE CLIENT TO FILE AND COLLECT ALL INSURANCE PAYMENTS.

Phone calls made after hours will be handled by voice mail and returned the following business day. The Thomas C. Pennell Christian Counseling Center is for outpatient counseling services only, without 24-hour availability. Therefore, if you should experience an emotional or behavioral crisis and cannot reach your counselor immediately by telephone, you and your family members are instructed to call 911 or LSU Health Sciences Emergency Line at (318) 675-6893 or go to your nearest emergency room. **Calls that are returned at the request of the Client which pertain to treatment issues will be billed at the rate of \$2.00 per minute, billed in 15 minute blocks, minimum charge of \$30 per call.**

Fees for testing, written treatment summaries, consultations, or other special services will be outlined upon request.

All services are by appointment only. **Because the appointment is reserved for you, it is necessary to charge for appointments that are not canceled 24 hours in advance (charged at 50% of the usual fee).** Failure to provide 24 hour notice of cancellation generally means that some other person is not able to use that appointment time. The length of the therapy hour is approximately 45-50 minutes.

Both the therapist and the Client will have the right to negotiate fees within the above limits due to changes in financial status.

Unless otherwise agreed to by the therapist, accounts in **arrears over 2 sessions** will result in the cessation of therapy until the outstanding balance is made current.