

GAINESVILLE FAMILY COUNSELING

Ceres I. Artico, Ph.D.

POLICY AND FEE INFORMATION

CONFIDENTIALITY: Confidentiality is maintained following the accepted legal and ethical professional standards. We need your written authorization to release any information except in the event of a court order or to protect you or others from harm. All session material is confidential with the following exceptions: (1) the client authorizes the therapist to release or exchange information by signing a release of information form; (2) the therapist suspects child or elderly abuse; (3) the client is threatening willful harm to another; (4) the client is in danger of doing him or herself bodily harm; (5) a court order is issued in a judicial proceeding.

In accordance with HIPPA regulations, we must inform you that with your signed release, we will send information to insurance companies that are required for appropriate reimbursement to you. Our reports are typed professionally and thus may be viewed by administrative support persons. We may use a FAX to communicate with you or your insurance company and may contact you by cell phone.

SESSIONS are 50 minutes long unless scheduled otherwise. **If you fail to cancel your session 48 hours prior to your appointment you will be charged in full for the missed session.**

PHONE CALLS dealing with clinical issues will be charged pro-rated in 15 minutes increments. Brief phone calls to set and cancel appointments or for other administrative matters are free of charge. Therapists at Gainesville Family Counseling check their phone messages frequently and will usually return calls within 24 hours or on the next regular business day. Our voice mail system is private and confidential.

TERMINATION OF TREATMENT: You are free to terminate treatment at any time but we strongly recommend that the termination process and date be discussed with your therapist and that you come for a termination session. Your therapist reserves the right to terminate treatment for non compliance that places you at risk to yourself or others, or if your therapist believes that she or he can no longer be of help to you. If you miss or cancel a scheduled appointment and do not contact us for 30 days, it is understood that you have terminated treatment. Once treatment has been terminated, the therapist has no obligation to clients. Clients are encouraged to contact the therapist to resume treatment at their discretion. We will make every effort to accommodate requests for appointment and if unable to do so, we will provide you with referrals to other colleagues.

FEES: Our current fee for a fifty-minute individual or family session is **\$180.00**. At times your therapist might recommend a ninety-minute session, with a prorated charge of \$195.00. Checks and cash are accepted. The fee for returned checks is \$25.00, which will be billed to your account. Please make checks payable to Gainesville Family Counseling.

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Other services and fees:

Diagnostic Evaluation	\$200.00	Fam. Psychotherapy 50 min.	\$180.00
Ind. Psychotherapy 50 min.	\$180.00	Fam. Psychotherapy 90 min.	\$270.00
Ind. Psychotherapy 90 min.	\$270.00	Court Appearance/ legal issues 60 min.	\$450.00
Group Therapy	\$120.00	Missed Appointment	\$180.00
Case Mgt. 50 min.	\$180.00		

We do not participate with any insurance plans and do not file claims with any insurance companies at present. However, we will provide you with a monthly statement with the information that most health insurance companies require for reimbursement. It is your responsibility to submit and follow up on claims with your insurer. Third-party payment cannot be guaranteed.

CLINICAL EMERGENCY: A clinical emergency is defined as a crisis that presents imminent threat of harm to self or others. Gainesville Family Counseling is not a crisis center. In the event of a mental health emergency please go to the nearest hospital or emergency room. Please discuss with your therapist the possible resources available to you in the case of a clinical emergency.

We are happy to discuss and clarify all above items with you.

I fully understand and agree to comply with all policies above and I was provided with a copy of this document.

Printed name: _____

Signed: _____

Date: _____

Parent/ Guardian Printed Name: _____

Signed: _____

Date: _____