



Consent Form and Policy Agreement

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Confidentiality

Information disclosed in therapy is considered strictly confidential and will not be released to any third party without your written authorization, except where required or permitted by law. Exceptions to confidentiality include, but are not limited to, reporting child, elder and dependent adult abuse, when a patient makes a serious threat of violence towards a reasonably identifiable victim, or when a patient is dangerous to him/herself or the person or property of another.

Therapy Hour

Therapy sessions are normally 50 minutes however 75 minute sessions are available upon request for psychotherapy.

Fees and Payment

Fees are due prior to each session, payable by cash, PayPal, venmo or credit card (Visa, MasterCard, American Express, or Discover). For additional services, such as requests for documentation or consultation with your other providers or review of emails, you will be charged on a prorated basis based on your hourly fee for sessions. The fee may increase on an annual basis. Should a change in fee be required, you will be informed at least one month in advance.

Insurance

Whole Health Counseling Center is not a contracted provider with any insurance company or managed care organization. Should you choose to use your insurance or get reimbursed by a flexible spending plan, your therapist will provide you with a statement that will facilitate reimbursement by your insurance or employer. Superbills will be issued every two months by request only. If you are receiving superbills and insurance reimbursement, you will be asked to pay my full fee for therapy.

Termination of Therapy

You have the right to terminate therapy at your discretion. Whole Health Counseling encourages you to discuss your thoughts of termination with your therapist as termination can be a very important part of therapy. Upon either party's decision to terminate therapy, your therapist will generally recommend that you participate in at least one, or possibly more, termination sessions. These sessions are intended to facilitate a positive experience to the end of your therapeutic work.

Notice to Clients

The **Board of Behavioral Sciences** receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling **(916) 574-7830**.

Commitment

Counseling is a weekly commitment. You will be given a weekly time slot unless otherwise explicitly arranged and expected to meet then. I will always reschedule if possible, communication via email is best for this. Please be aware I have a full practice and therefore may not have many rescheduling options. I will always do my best to accommodate you.

Cancellation Policy

- a. If a session is cancelled **less than 48 hours** before the scheduled time, you are responsible to pay full fee for that session. All clients are requested to have a credit card on file.
- b. Any client that has a permanent weekly time slot is allowed 3 planned absences every 6 months. This does not include Memorial Day, Labor Day, Thanksgiving, Christmas Eve or Day and New Year's Eve and Day. **Beyond the allotted planned absences, you will be charged for each missed session after that in order to keep your time, unless you are able to reschedule.**
- c. When rescheduling or cancelling, you must contact me via email or phone, if not done in person. *Do not text cancellations.*
- d. If I cancel within 24 hours of your session, you will not be billed for the following session.
- e. **I will wait up to 15 minutes** for you to sign in for video sessions or arrive to the office for your scheduled session. If you do not show after 15 minutes, without any communication, I will consider the session cancelled.
- f. If you cancel a session within 48 hours and want to reschedule, you will still be responsible for the missed session and payment for the new session time, as they are two separate scheduled appointments.
- g. I see clients on a weekly basis for a minimum of 10 months before I will consider scheduling biweekly sessions. Any request to do this will be discussed in therapy and decided on by both of us. You will be asked to share a time slot with another bi-weekly client, as there are a limited number of permanent weekly times. Any client that has a bi-weekly time slot is allowed 1 planned absence every 6 months. This does not include Memorial Day, Labor Day, Thanksgiving, Christmas Eve or Day and New Year's Eve and Day. **Beyond the allotted planned absences, you will be charged for each missed session after that in order to keep your time, unless you are able to reschedule.**

Sliding Scale

I offer 5 time slots at a lower rate. To ensure that this is still a need, the rate will be reviewed every 6 months and if possible, increased by \$10. The rate will not exceed an increase of \$20 per year. You will be notified one month in advance. If you are currently on sliding scale and have the means to pay full rate, please let me know so that I can offer the opportunity to any other clients in need.