
Practice Policies and Procedures

Welcome to my practice. 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. Please initial each item in the blank provided.

Clinical Services and Fees: All fees are payable at time of service. I am able to accept cash, checks, and credit cards. Individual psychotherapy (50 minute) fee is \$160.00. Fee for an initial session and a 75-90 minute session is \$240.00. Group session fee is \$85.00 – \$130.00 per person for 90 minutes, and family or parent session fee is \$160.00. **Initials:** _____

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. **Initials:** _____

Payment: I use an online, HIPAA-compliant software called Ivy Pay. We will set up an account during your initial session. Your credit card information will be stored in the software, and you will be charged following each session. You will receive a link to access your Superbill via text message when you are charged for your session. Should there be a late-cancel or no-show fee, you will be charged the same day as the missed appointment. You are responsible for notifying me if your credit card information changes and you need to provide a new card for payment. **Initials:** _____

Non-session Charges: I charge full-fee (\$160.00) in 15- or 30- minute increments for non-session services such as reading of documents and emails, consultation with professionals, or phone consultations. At times, and in specific circumstances, I see clients off-site, or have meetings with other professionals associated with a client’s case. The same fee applies to portal-to-portal time should there be off-site sessions or meetings. These fees are payable at the next scheduled session. Other charges such as parking fees or tolls will be included in the next session’s invoice. Please note that these services are not typically covered by insurance. 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. **Initials:** _____

Email: Email is not considered a secure form of communication. If you are willing to use emails, it should only be used to schedule appointments or cancel a session. If you are involved in a legal case, please be aware that emails may become a part of the clinical record if my records are subpoenaed. **Initials:** _____

Between Session Contact: Should you have an emergency between our sessions, or need to contact me for some reason, please call and leave a confidential voicemail at (703)592-4243. Calls are generally returned the same day if left before 8:30pm. I check my voicemail several times a day until 8:30pm. If you leave a voicemail and the nature is truly urgent, I will make every attempt to return your call as soon as possible. Please keep in mind that while you may email me, email is not a secure form of communication and should not contain sensitive information. If you feel you cannot safely wait for my return call, please call 911 or go to your nearest emergency room. **Initials:** _____

Weapons: Under no circumstance may weapons be brought into my office, even if you have a permit to carry, are an officer of the law, or have a conceal carry permit. Services may be subject to immediate termination if this policy is violated. **Please initial that you agree to abide by this policy: Initials** _____ * **Date:** _____

Confidentiality and Client Rights: The information shared in session with me will remain confidential within the provisions of the National Association of Social Workers code of ethics, and orders of the courts. HIPAA 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. **Initials:** _____

Litigation and Expert Testimony:

I do not participate in lawsuits on a plaintiff's behalf unless compelled to do so by court order. 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. I charge \$220.00 per hour for preparation for my appearance in court. If I appear to testify, I charge an additional \$320.00 for the first hour and my regular rate of \$160.00 for attendance at legal proceedings. **Initials:** _____

Conflict of Interest: There are some circumstances in which I may need to conflict myself out of providing therapy to you. I am an employee of Fairfax County Government and work for the Department of Family Services (DFS). In the event you or your family were to become recipients of services from DFS, or have received certain services in the past, it may not be ethical for me to provide psychotherapy to you. If such a circumstance arises, I may consult with a clinical supervisor to determine the best course of action. If it becomes necessary for us to end our work together, I will work with you to find a new therapist. If you choose to sign a release of information, I will work with your new therapist to inform them of our work together so as to minimize any disruptions to your treatment. **Initials:** _____

Cancellation of Appointments: Regular attendance is a critical factor for successful therapy. It is my policy that sessions not cancelled within 24 hours will be charged full fee. 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. You may cancel by sending an email or calling me at the phone number above and leaving a message, within the 24-hour window. This policy is in place in order to discourage cancelled sessions for clinical and financial reasons. If enough notice is given, I can offer the missed session time to another client or otherwise plan to fill the time. **Initials:** _____

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. This session will include any referrals for continued treatment or other professional services as necessary. **Initials:** _____

I, _____ understand and agree to the above policies and procedures while working with Brittany Vera, LCSW, and Harmony Psychotherapy, LLC:

Client Signature _____ Date _____