

Therapy Charlotte LLC

Nicole Saunders, LCSW: *Counseling & Coaching*

Thank you for choosing to work with Nicole Saunders, LCSW. Please read through the following practice policies. Should you have any questions or concerns, please don't hesitate to share.

Your Rights

- To receive quality professional services.
- To be assured privacy and confidentiality.
- To review and discuss your fee for services.
- To refuse service at any time.
- To see your record of service upon written request and to insert a written statement into the record about services received or not received.

Your Responsibilities

- To be on time for scheduled appointments.
- To pay fees for services according to practice policy.
- To actively participate in your own treatment.
- To give 24 hours' notice if canceling an appointment. Failure to do so will result in a \$130 cancellation fee.

Nicole Saunders has the right and responsibility to determine the client(s) with whom she cannot appropriately and ethically serve. She also has the right to refuse or discontinue services when the client's responsibilities are not being met or the client does not meet her guidelines for service.

PRACTICE POLICIES

CONSENT TO TREATMENT I hereby grant my permission for any counseling, coaching, testing, or diagnostic evaluation that may be needed in treatment. The sessions and records are strictly confidential except where state law requires the reporting of threats of violence, harm to self or others, or child abuse and neglect (from evidence or suspicion), when the courts subpoena information, and when information is needed for billing. If providing couples or family counseling, Nicole Saunders will not keep individual confidential information that could be detrimental to the relationship.

Being aware that there may be potential for emotional strains, stresses, and life changes as a result of counseling or coaching, I agree to enter the process. I understand that Nicole Saunders does not guarantee any particular results or outcomes. I am aware that Nicole Saunders does not provide emergency services.

FINANCIAL POLICIES I accept financial responsibility for charges I incur during the course of treatment. I also understand that if I have insurance coverage and choose not to or cannot use it, I will be assessed the full fee of \$175 for an initial session and \$150 for all subsequent sessions, except when other arrangements have been made.

- Clients are required to pay their fees at the time of service. **Clients must provide 24 hours' advance notice if canceling an appointment. Failure to do so results in clients being charged a cancellation fee of \$130.** Any check returned for insufficient funds must be paid plus a \$25 fee prior to being seen or rescheduled.
- Clients using insurance coverage will be responsible for full payment of their fees. While Nicole Saunders will continue to make every effort to collect from a client's insurance company, the client will be held responsible for any **unreimbursed balances if the insurance company does not pay.**
- Clients will be charged a \$5 per session administrative fee. This fee covers the time it takes to verify insurance benefits and to submit claims, and provides clients with limited email/phone support in between counseling sessions. To opt out, please tell Nicole Saunders at your initial session. Those who opt out can pay \$30 per phone/email communication that is unrelated to rescheduling.

