

INITIAL THERAPY AGREEMENT POLICY AND PROCEDURES

With

REBEKAH WALKER LCSW

85 White Bridge Road, Ste 302

Nashville, TN, 37205

615-238-9100 Ex 105

GOAL OF THERAPY

Psychotherapy is a commitment between you and myself as your therapist to work together to define goals you set for yourself and/or as a family to improve or enhance some area of life and to develop specific, measurable steps to attain those goals. Guidance toward setting goals looks at strengths as well as areas of improvements within realistic expectations. We will begin formulating your goals at the initial session.

ASSESSMENT AND LENGTH OF THERAPY

The assessment phase of therapy generally lasts for three sessions. It is important that you commit to all three of these sessions. Work toward goals also occurs during the assessment phase. The assessment phase is used to gather all pertinent information, to make recommendations and set goals, and to determine if you and I think that you will benefit from working together. If it seems your needs cannot be met in the best way working together, referrals to known professionals will be recommended. Sessions are typically 50- 60 minutes except for the initial assessment or crisis sessions, which may exceed this. We will meet weekly initially, unless you and I feel more or less frequently is needed.

FEE AND BILLING PRACTICES

The fee for individual, family or couples therapy is \$150 per hour. Payment is due in full each session. Your regular fee will be charged based on portion of the hour required for any additional professional services required for quality of our work together, such as phone contacts over 15 minutes, preparation of special forms, reports or court time, consults with other professionals, etc.

If you wish to have a receipt for payment, this will be done by request only; or if you choose to file for reimbursement from your insurance company, a super bill will be provided for you to file for reimbursement on your own. Also, please be aware that a diagnosis is required if you choose to use your insurance; talk with me further if you have questions about this process. I will gladly discuss your proposed treatment with your insurance company if they call me and you provide me with a release. You are responsible for the full fee regardless of your insurance company's reimbursement policies.

If **court time** is required during our work together, due to the extensive and unpredictable length of time and scheduling involved that affects scheduling of other clients as well, the **fee is \$200/hr or proportionate of the hour required**. If court appearance requires travel, **any and all travel expenses are also the responsibility of the client** at the time incurred..

CONTACT BETWEEN SESSIONS

You may leave messages on my voice mail 24 hours a day and I will return messages as soon as possible during business hours. With the exception of an emergency, all discussion or information regarding your work needs to be conducted within the session to increase productivity.

Email is not a confidential or reliable way to pass lengthy, time limited or sensitive information and therefore is not a means used to discuss information that we are working on in sessions. **All scheduling and changes should be made by phone as a more reliable access to messages and a quicker response to you.**

Please sign the agreement page for the above policies and return to me at the start of our session when you will also be able to clarify any questions you may have about policies. Thank you for willingness to work on changes and your trust in allowing me to help in that process.

Understanding and Agreement

I have received HIPAA, and received and read the Policies and Procedures Contract, I understand it and agree to the terms and information in these policies and procedures. I authorize treatment and understand that I have financial responsibility for treatment.

_____ Date _____
Client

_____ Date _____
Parent or Guardian, if minor

_____ Date _____
Therapist