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# INTRAPERSONAL WELLNESS

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Psychotherapy and Counseling Services

## Client Policy

I schedule 50 minute sessions each week and ask you to respect your time slot by coming on time. If you are late for your session, we will still end on time.

Please give me 24 hours notice if you need to cancel. If it is less than 24 hours and I can find a spot for you in that same week, I will not charge you. Obviously I will be flexible with family or work emergencies, car trouble, and illness. However, if you miss 2 therapy sessions without notifying me at all, your time slot will be given away and you will be placed on a wait list.

You are allowed 2 five minute phone calls between sessions. Longer calls will be pro-rated and charged as a phone session.

My fee is \$125.00 for each 50 minute session. If you don't have insurance coverage or I don't participate in your plan, payment is due in full at the time of service via cash, check, credit card or debit card. I will provide you with an invoice for out-of-network services to submit to your provider for reimbursement. If you have insurance, you are responsible for determining your provider's mental health coverage and co-pay. If there is a payment problem (you forgot your checkbook, money crunch, etc.) we will work out a payment plan.

If I raise my fee at any time, I will give you at least three months' notice.

All sessions are confidential. You will be asked to sign a *Confidentiality Consent Form*. However, there are limits under the law when confidentiality is waived. They are:

- You express the threat to harm yourself
- You express the threat to harm another
- Any suspected child abuse (physical, sexual, neglect)
- Parents or legal guardians of non-emancipated minors
- Insurance providers (when applicable)

At your intake session, you must disclose any and all medications you are currently taking and name someone who will be your emergency contact.

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In the event you are non-compliant with medication prescribed for you to treat a pervasive mental condition or behavioral health concern, or it is determined that you need a higher level of care for other reasons, you will be referred.

If you are actively using drugs or alcohol, or addicted to prescription drugs, you will be referred to an addictions counseling facility. You can return for treatment once you are in recovery.

After 12 sessions (or number of sessions authorized by your health care provider), we will reassess your therapeutic goals. Your feedback will determine your future treatment plan.

Remember our relationship is professional rather than social. Our contact will always be limited to the therapeutic environment. Please do not invite me to social gatherings, offer gifts, or ask me to relate to you in any social way outside of our sessions.

You, as the client, are in complete control and may end our relationship at any point if you do not feel we are a good “fit”, and I will respect and support your decision.

If you have been a victim of crime and filed a police report in the last three months, and have no medical insurance, I will help you file for state compensation through the NJ Victims Crime Compensation Office. They will pay for all medical expenses related to your crime as well as your therapy.

I have received and read the above client policy and consent to treatment.

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Client Name (Print)

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Client Signature

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Date

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