

**Information for Clients  
Appointment, Financial, and Confidentiality Policies**

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This guide on policies and procedures has been prepared for you. If you have questions, I will be happy to discuss them with you. Please read carefully and sign the attached signature sheet that you understand and accept these policies and return the signature sheet to the counselor.

**Appointments**

An initial appointment time (intake) of approximately 60 to 75 minutes will be scheduled in order to gather information. Subsequent appointments may vary in length, but will typically be 45 minutes. It is important to be on time and keep all scheduled appointments.

Please leave a phone/text/email message at least 24 hours in advance if you must cancel an appointment so that someone else may be given the time, and that we may reschedule the appointment. There will be a \$50 charge if an appointment is cancelled with less than 24 hours notice or if you do not make your appointment. Exceptions are made for emergencies and in the case of illness, which is always last minute with children.

**Phone/Electronic Communication**

Occasionally we may schedule a phone conference by mutually agreeing on a time. Short phone conversations of 15 minutes or less will not be billed. Lengthier phone calls, more than 15 minutes, will be billed. You can email me versus leaving lengthy phone messages but keep in mind that though **every attempt is made at electronic confidentiality but there are no guarantees**. I check my email daily, but you can also choose to text me or leave a phone message indicating that you have sent a recent email. If you have a crisis and cannot reach me immediately, please go to the local hospital emergency room or call Holly Hill Respond at 919-250-7000.

**Payment and Insurance**

Fees for all counseling services are due at each session, regardless of the type of insurance you may have. You will be given a superbill form for your convenience in filing insurance claims as well as a reminder for the next session. The superbill form that you receive will have all the information routinely needed for record keeping and for filing insurance claims. Simply attach the superbill to your claim form and submit it directly to your insurance carrier.

**Standard Fee Schedule:**

<b>Initial Diagnostic Evaluation \$150</b>	<b>Triple P Program or Parent Counseling \$110/session</b>
<b>Individual/Family Psychotherapy \$110/session</b>	<b>Missed Appointment \$50</b>
<b>Parent session with/without client \$110/session</b>	<b>Treatment Summary/Written Report \$50-200</b>

**Confidentiality**

All information revealed during a counseling session is confidential, unless the counselor determines there is or will be imminent danger to the child or to others. **We will report to the Department of Social Services any indications of neglect, emotional and/or physical abuse. We will need to disclose any information ordered by the court or for other reasons as specified in the laws of this state.** A release form may be signed by the child's legal guardian for confidential information to be shared with other health professionals so that collaboration can take place. The use of diagnostic information becomes a part of the clients' records to assure continuity for the child's mental health support.

**We look forward to working with you and your child.**

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