

Kathryn A. Miller, MS, LPC/MHSP
Guidelines and Answers to Frequently Asked Questions

Please read carefully and sign below: A copy with your signature will be given to you.

1. All client information is confidential and considered "privileged" information. The exceptions to client confidentiality are dictated by state law and counseling association codes of ethics. The exceptions to confidentiality include and are not limited to: instances and/or knowledge of child abuse, intent to inflict harm on yourself and/or others, subpoenaed records and/or testimony for court cases, child custody or adoption, and/or a civil commitment case. You have the right to view your records on your request. A written release of information will be required for any communications and/or records release necessary outside of the counseling session. All transactions and records will remain secure and confidential as per HIPAA guidelines.
2. *Possession of concealed firearms and/or weapons during a session will be grounds for immediate termination of counseling services and mandatory hospitalization for your safety and the safety of others. If firearms are confiscated from you by your counselor, all items will be given to the Memphis Police Department for disposal.*
3. Appointment cancellations need to be made at least 24 hours prior to your scheduled appointment time. Any "no show" or tardy arrival will be charged for the full fee or the fee billed the insurance provider. **Exception: EAP clients will not be charged for a no show. EAP clients will lose one of the authorized EAP sessions.** Emergencies may arise beyond your control, so in this event I ask that you notify me as soon as possible to avoid being charged. If you are running late, please call to let me know you are on your way, otherwise I will wait 15 minutes and will leave my office after that period of time.
4. Full payment is due at the time of your scheduled appointment. **If two or more checks are returned for insufficient funds, then you are required to pay your fees as cash only basis. You will be assessed a \$15 service charge for the returned check in addition to the amount of the check.**
5. I will charge a fee of \$85 for all disability and/or FMLA paperwork or letters to the court for completion of anger management in which I need to complete on your behalf. I am charging for the time taken to complete these documents and fax them. This fee is to be paid prior to my sending these documents to the prospective agencies.
6. The fees are \$85/hour, payable via cash, check or credit card. I have a decreased fee for those unable to pay the full fee. For individuals wanting to file with their insurance provider, I will handle all billing paperwork. If payment of benefits is contingent on meeting the deductible amount, individuals will be required to pay the full fee until the deductible has been paid. At that point, the individual is responsible for paying his/her co-pay at the time services are rendered. Some insurance policies require authorized visits and case review to obtain more authorized visits. Pertinent information regarding your case will be released to your insurance provider to obtain the additional authorized visits.
7. Referrals may be made at your request, or when deemed necessary by your counselor. Your record will remain confidential unless you sign a Release of Information form. This will allow your new counselor to request information regarding your case, in either verbal or written summary.
8. I am not a medical doctor, so I am not able to prescribe medication(s) or offer instructions on how to take prescribed medication(s). I will refer you back to your prescribing physician to answer these types of questions.

PROMISE TO PAY ACCOUNT

For services rendered to the below named client, I promise and agree to pay all charges deemed to be my responsibility.

I have received and understand these guidelines and am in agreement with them and will comply.

NAME: _____ DATE: _____