Description of Services

Confidentiality

Information discussed may not be released to any other party without your permission except in the following circumstances.

A. Exceptions to absolute confidentiality:
   1. Your contact reveals a danger to self or others;
   2. Child/Elder abuse is suspected.

B. Limited release of information:
   1. To insurers for claims payment;
   2. Information is subpoenaed by a court of law.

Goals and Outcomes

Generally, counseling is most useful in helping individuals help themselves or improve their relationships by changing feelings, thoughts, or behaviors. **You determine the nature and amount of change you wish to make.**

Benefits and Risks

Most people experience improvement or resolution to concerns that brought them to counseling, but of course there are no guarantees; and there are some risks. For example, counseling could open up new levels of awareness that may cause discomfort.

Emergencies

An emergency is defined as a situation, which threatens life or limb. If an emergency arises, you should **call 911 immediately**. I check my messages often for urgent calls and will make every effort to return the call as soon as possible. I encourage you to use the
National Crisis/Suicide hotline 1-800-273-TALK (8255), should you to need to speak with someone immediately but you have determined that the situation is not an emergency. They are available 24 hours a day, seven days a week.

Cancellation/Missed Appointments

Late cancellation (<24 hours)/No show fee of $100 will be assessed. You will be personally responsible; insurance will not cover this fee.

Payment

Payment/copay is required at the time of service rendered. Cash, personal check, and credit/debit card will be accepted. In the event any balance due hereunder is not paid as agreed, the undersigned jointly and severally agree to pay all cost incurred in said unpaid balance, including a reasonable attorney fee. If my check is returned unpaid, my signature authorizes that a fee, as allowable by state law be charged to my account in addition to the check's full value.

This information is given to you to ensure that you understand the policies regarding fees, cancellation and rescheduling, emergencies, and confidentiality. Please read it carefully and ask any questions you need to clarify the information.

I have read and accept the policies outlined on this information sheet.

Signature_____Date_____

Feller Behavioral Health

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Helping Individuals, Couples and Families Put the Pieces Together