

OFFICE POLICIES & PATIENT RESPONSIBILITIES
SHEILA M CHUNIS, LPC
LICENSED PROFESSIONAL COUNSELOR CT#001139

CONFIDENTIALITY – SMC BEHAVIORAL LLC is committed to keeping adults and minor patient’s information strictly confidential according to ht practices outlined in the Privacy Practices document.

LENGTH OF SESSIONS All sessions will be set for 55 minutes, although additional time is spent by me between sessions in planning, billing and record keeping. I will be prepared to begin our sessions promptly and appreciate your arrival on time.

Insurance – Many health care policies provide coverage for this type of health care services. Your insurance coverage will be checked with provider but you are responsible for any balances or differences in coverage stated. If you have insurance, you are responsible for your co-pay at time of session. You will be unable to attend any further sessions if you fall behind two co-pays. It is best to have your check ready before coming to session.–Fees and Payments – The current fee for a 55 minute session is \$100. Fees apply to telephone consultation and for preparation of reports and letters requiring more than 10 minutes. _____ Initial

Cancellation – In order for therapy to be effective, it important to keep all scheduled appointments. I understand there is a rare emergency requiring cancellation. If you cancel same day you will subject to a \$50 cancellation fee and insurance does not cover. You will not be charged if you call 24 hours prior and LEAVE ME A RESCHEDULE TIME and I will call you back. _____Initial

Telephone Calls – I am available to assist you by telephone if necessary for up to 10 minutes. I will respond to your call within 24 hours. If it is an emergency you must call 911 or go to your nearest emergency room.

If you have any questions regarding these policies, please ask for clarification before signing below. Feel free to discuss them with me.

I have read and understand the above policies and agree to abide by them. My signature acknowledges my agreement with the above conditions and my receipt of a copy of this document.

Client Signature_____ Date_____