

Caring Journey Counseling

151 E. 6100 S., Ste. 315
Murray, UT 84107

Office-(801) 747-1754 Cell: (801) 450-6754 Fax-(801) 747-1793

LIMITS OF CONFIDENTIALITY

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) discloses abuse that has not been previously reported, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to types of services, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature

Date

Parent/ Guardian/ Representative Signature

Date

Caring Journey Counseling

151 E. 6100 S., Ste. 315
Murray, UT 84107

Office-(801) 747-1754 Cell: (801) 450-6754 Fax-(801) 747-1793

PAYMENT POLICIES

(Revised and in effect as of 9/1/2017)

Payments are due at the beginning of each session. If I am billing your health insurance or you are paying out of pocket, you have the option to pay with cash, credit, or debit card. If you have set up a sliding scale agreement with me, cash payments are required. **You are required to keep a valid credit or debit card on file at all times.** If I am not able to collect the fee, such as if your card is declined, you must pay your account in full before I can see you for another therapy session. **Unpaid bills over 30 days will be subject to 15% interest until paid in full. I reserve the right to place your account with a collection agency after all internal efforts to obtain payment have been exhausted. You are then responsible for any collection costs in addition to your outstanding bill.**

I charge the following fees for services:

45 to 50-minute individual therapy session	\$125
60-minute individual, family, and couples therapy sessions	\$150
Intake assessments (first session)	\$200
Letters for current clients (have seen me within the past 30 days) MUST BE PAID BEFORE LETTER IS WRITTEN	\$40
Letters for former or inactive clients MUST BE PAID BEFORE LETTER IS WRITTEN	\$60
Court appearances	\$150/hr
Records request fee (sometimes may be charged to company requesting records)	\$50 PLUS \$0.25 per page printed or faxed

I agree to Caring Journey Counseling Payment Policies.

Client Signature

Date

Parent/ Guardian/ Representative Signature

Date

Caring Journey Counseling

151 E. 6100 S., Ste. 315
Murray, UT 84107

Office-(801) 747-1754 Cell: (801) 450-6754 Fax-(801) 747-1793

LATE CANCELLATION/ NO-SHOW POLICY

If you fail to cancel a scheduled appointment with 48 hours of your appointment time, you will be charged a \$40 fee. The fee will also be charged if you fail to show up for your appointment. **This fee is required to be paid before your next therapy session.** You have the option to allow me to charge the card on file or to pay with cash, but you cannot schedule another session until this fee is paid. **Frequent or habitual cancellations, even with advance notice, may result in termination of therapy.**

As your therapist, I am dedicated to helping you, but I also must provide for my family and cover my business expenses. Without a 48-hour notice, I have difficulty filling this time slot for another client, which results in loss of income. It is your responsibility to plan ahead and contact me as soon as you are aware of a schedule conflict. **Please be aware that the fee will be charged for any cancelation with less than 48-hour notice regardless of the reason, even for illnesses and emergencies.**

I agree to Caring Journey Counseling's Late Cancellation/ No-Show Policy.

Client Signature

Date

Parent/ Guardian/ Representative Signature

Date