SANDI BLACK, MA, LPC
4200 S. Hulen Street, Suite 658
FORT WORTH, TEXAS 76109
TELE: (817) 292-3527

Welcome to Sandi Black, LPC, Counseling Services. This information is to help you understand procedures in this office. Please **READ** the entire brochure CAREFULLY before signing because you will be agreeing to adhere to any and all policies as long as you are a client with Sandi Black.

Appointments and Cancellations

Appointments typically last 45 minutes. Be **on time**, so that you do not shorten your own visit. Please avoid calling to reschedule, unless it is an emergency (you may have trouble getting another time that is good for you.) Our office needs at least 24 hours notice in the event that you have to cancel**. You will be billed for not showing up for a session if you have not notified us. Initial____**

Emergency

After hours and weekend calls are for emergencies only. You may be billed for services rendered after hours (including phone calls). After hour charges are **not covered** by insurance companies and will be charged to you. Please initial____

Fees

Initial Diagnostic Interview **$125.00** Counseling (45 min.) **$125.00** Telephone Consultations **$35+** **Reports or Calls to Attorneys- $50**
NOTE: Missed appointments are billed directly to the patient as **they are not covered by any insurance company**. (Please initial) _____

Court Fees/Other Requests

I do not represent clients in legal disputes. You can be better served by a legal mediator. If providing counseling information and opinion in court or a deposition is required, there is a **$300.00 charge per hour**, with an **up-front charge deposit** of $300.00. The minimum daily charge is **$1500** in the event of a subpoena to appear at hearings. This may include case preparation time, travel time, and any time spent with an attorney/clerk in preparation. **There is a minimum charge of $50 for each letter and medical records** requested by the patient, insurance companies and attorneys. Added charges will be determined by the time spent to complete the requests. The **patient is responsible for these fees.**
(Please initial)_____

Payments

Full payment and / or co-payments must be paid on the date services are rendered, unless a plan is made with the counselor ahead of time.

Insurance

It is your duty to notify the office if you have had a change in insurance. You must call the insurance company prior to your appointment to get an authorization number or approval before your visit. Failure to do so may result in your being billed for the appointment. **If there is a deductible to be met, you must pay for your counseling visits until it has been met.** Please document the telephone number and name of the person you spoke with at the insurance company. Bring this information with you at our next appointment. When you arrive for your session, if you do not have the above information, you will be charged the regular session fee.

Confidentiality

Information given is kept confidential by the counselor. The following exceptions require the breaking of confidentiality:

- If you are at risk of harming yourself or others.
- If there is a report of abuse of a child.
- If you are engaged in dangerous behaviors.

These confidentiality guidelines also apply to information given by children. Appropriate general information/treatment goals may be required by some insurance companies and your doctor to facilitate providing proper care for you.

When You Arrive for Your Session

Have your payment (credit card, check, or cash) ready to pay at the beginning of the session. Since there is no receptionist, look to see if Sandi's door is open. If it is open, please come on in.

- I have received a copy of the official office polices and agree to abide by them. Additionally, when applicable, **I give my permission for Sandi Black**, MA, LPC, to **release treatment information to my insurance company and/or my doctor as long as I am in counseling. Other_____**

_____ _____ _____ _____
Signature of Patient/Parent/Guardian Date Signature of Witness Date