



**HIGH POINT FAMILY  
THERAPY SERVICES**

is a Professional Limited Liability Company engaged in providing mental health services from a variety of clinical trainings and backgrounds. Pastoral and Psychotherapy services are provided for individuals, families, couples and groups. All therapists are required to adhere to a Code of Conduct and Ethics in accordance with their particular credentialing.

**Therapy Process** – Therapy is a voluntary process whereby the counselor and the client work together in a confidential process to seek a new understanding of a problematic or stressful life situation and identify resources to deal with the situation. Others seek counseling in order to identify areas for growth and greater life fulfillment. There are no guaranteed outcomes from a counseling relationship; however, pastoral counseling seeks to integrate the resources of psychology, faith, theology and behavioral sciences to help promote possibilities for healing of mind, body and spirit.

- Access to therapy is provided without discrimination by race, religion, sex, ethnicity, age, sexual orientation or physical limitations.
- A client is entitled to formulate and view with the therapist an individual counseling plan and is encouraged to ask for periodic review of that plan.
- A client may terminate therapy at any time without financial obligation other than those fees already accrued. It is highly recommended, however, that termination be discussed with your therapist so that the decision to terminate is fully explored and, if needed, appropriate referrals can be made.

**Confidentiality** – All sessions are confidential. No release of information is allowed without prior written permission from the client (or parent/guardian, if client is a minor). Several exceptions (as required by state law) include evidence or reasonable suspicion of abuse against a minor, elderly person or dependent adult, the client expresses serious intent to harm him/herself or someone else, the client has signed a release of information, or a subpoena or other court order is received which directs the release of information.

**Fees/Length of Therapy/Payment Method/Cancellation Policy –**

Diagnostic Intake Sessions, 60 Minutes: \$135  
 Psychotherapy, 20 Min: \$55  
 Psychotherapy, 50 Min: \$110  
 Psychotherapy for Crisis: \$135  
 Family or Couple Psychotherapy, 50 Min: \$125  
 Multiple –Family Group Psychotherapy, 90 Min: \$80  
 Group Psychotherapy, 90 Min: \$60  
 No Show or Late Cancellation Fee: \$60

**Current Procedural  
Terminology Codes (CPT)**

CPT Code: 90791  
 CPT Code: 90832  
 CPT Code: 90837  
 CPT Code: 90839  
 CPT Code : 90846 or 90847  
 CPT Code: 90849  
 CPT Code: 90853  
 Insurance does not cover

Cash, credit card or check are accepted at this time. Financial arrangements will be discussed during the first session with the therapist. If using insurance resources, the client is expected to pay the full fee until the yearly deductible is met or pay a co-payment of \$\_\_\_\_\_ per session. The length of therapy is difficult to predict, but can be discussed with your therapist at any time. For uninsured clients in financial need, a request may be made for assistance funds to help in paying the fee. Family size and financial circumstances will be taken into consideration.

- **HPFTS requires a 24-hour advance notice of cancellation if you are unable to make your appointment.** You will be charged \$60 for any appointment that is cancelled with less than 24 hours’ notice. Insurance and EAP programs will not cover missed appointment charges. Certain exceptions may be made to this policy in the event of emergencies, provided your counselor is informed prior to the time of the appointment.
- **Fee payment is expected at the time of service at the beginning of the session.** Your therapist can provide a statement of service for each visit that you can file with your insurance company if you choose to do so. It is the client’s responsibility to obtain insurance pre-certification. Your therapist may agree to receive a co-pay amount for service after reimbursement benefits have been established and confirmed. We can bill your insurance company for the balance remaining.
- **Returned check charge** – Checks returned for insufficient funds will incur a \$20.00 fee to the client.

**Emergency Contact** – Your therapist will provide you with a voicemail/contact phone number and will let you know his/her availability in an emergency. In the event of a mental health emergency in which you are not able to contact your therapist, you should call 911 or proceed to the nearest hospital emergency room.

I have read, understand and agree to these client rights/responsibilities and office policies.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature (if client is a minor) \_\_\_\_\_ Date \_\_\_\_\_

By initialing here \_\_\_\_\_, I acknowledge that I have reviewed and/or received High Point Family Therapy Services’ confidentiality policy practices as mandated by the *Health Information Portability & Accountability Act* (HIPAA)