

FAMILY RESOURCE CENTER (FRC) OFFICE POLICIES

- 1) Cancellation Policy: Please call FRC at least 48 hours in advance if you will not be able to attend your scheduled appointment. If you do not **cancel 48 hours** in advance or more, you will be charged the full session fee of **\$100.00**. Please be aware that insurance companies will not pay for late cancellations or no-shows.
- 2) Late Policy: Clients who arrive late for their appointments are entitled to the time remaining for the scheduled session. We do understand that things happen in peoples lives!
- 3) Emergency Calls: After-hours emergencies can be handled in several ways. If you call my voice mail at 281-444-2678, you can press 1 when prompted to leave a message on the emergency voice mail line. I will be paged immediately. You can contact my cell phone at 713-927-3183 and leave a confidential message as well. If you cannot wait for a return call, please call your Doctor, your Psychiatrist, or 911, or go to the nearest emergency room.
- 4) Phone calls: Most calls made during business hours will be returned that same day. Others may be returned the following business day, depending on my schedule. Please leave a number where a message can be left.
- 5) You are responsible for the payment of your portion of fees at each session. I accept cash, checks, Visa, MasterCard, American Express and Discover as payment. In asking me to **accept** insurance assignment, you are not relieved of paying for any charges refused by your insurance company. If your insurance company refuses payment, and the issue is not resolved through my office's contacts with them, you will be contacted and asked to either contact the insurance company, or make the payment and receive a receipt you can submit to your insurance company.
- 6) Fees are for 45-minute sessions. Additional time required for interviewing, reports, clinical phone conversations, etc., will be charged to the client separately. Insurance companies will not pay for these services.
- 7) Returned check charge is \$30/check. That amount must be paid in cash prior to scheduling another appointment. Two returned checks will result in my only accepting cash for future payments.
- 8) Complaints may be filed with the licensing board for Licensed Professional Counselors and Licensed Marriage and Family Therapists in the State Of Texas.
- 9) I have received or will receive a copy of FRC Privacy Rights and HIPPA Policy and have had or will have the opportunity to ask any questions I may have regarding these policies.

I understand these policies and agree to abide by them.

Signature

Date

CIRT: You may be aware that when a disaster strikes a city, school or business, specially-trained therapists are called upon to assist those affected. They may be known as members of a Critical Incident Response Team. As a member of a CIRT, I may be called upon to respond to a situation on very short notice. I ask your help in rescheduling an appointment if necessary, as a way to give back to your community. My work as your therapist is profoundly important to me, and I do not take your trust lightly. I appreciate any sacrifice you may be asked to make in order to help me help others. Please insure that I have a phone number where Anissa or I can contact you on short notice, in the unlikely event this is necessary. Thank you for your understanding.