

Stafford Community Counseling

29 Sassafras Lane, Stafford, VA 22554
www.staffordcommunitycounseling.com
(540) 226-1498 | lbartonscc@verizon.net

STANDARD OFFICE POLICIES

Please keep this for your records.

Cancellations: Continuity of treatment is crucial to the effectiveness of the services you receive. You will be charged for any scheduled appointment that you miss if you do not provide notice **at least 48 hours in advance**. Monday appointments must be cancelled by noon on the preceding Saturday.

Psychotherapy Services

Sessions: Individual therapy sessions are generally 50 minutes in duration (one “therapy hour”). Arrangements for longer sessions (e.g., 75 minutes in length or “1½ therapy hours”) can be made in advance.

Fees: My hourly rate is \$120.00. Payments are to be made at the time of each session.

Contact Information: If you need to contact me please e-mail me at lbartonscc@verizon.net or call (540) 226-1498. If I am unable to answer, please leave me a message and I will return your call at my earliest opportunity.

Weather emergencies/cancellations: Please call me to find out if sessions are cancelled are due to weather and/or environmental conditions (i.e. snow storms, hurricanes, severe thunderstorms, tornados, earthquakes, etc...) I follow the cancellation policies for Stafford County schools. If Stafford County Schools are closed, I will be closed. If Stafford County Schools are open, I will be open. If there is any doubt, please call me at (540) 226-1498.

Privacy and Ethics: I strictly adhere to the principles and standards of my profession as articulated by The American Counseling Association. The services you receive are confidential and your written permission is required for the release of any information about you. Possible exceptions, as specified by law, include: situations of clear and imminent danger to you, or situations of clear and imminent danger to another person, cases of suspected or demonstrated child or elder abuse or neglect, and in the case of a court order.

Discontinuing Service: Ending is an important part of the therapeutic process. Please discuss with me any plan or desire to discontinue therapy.

If you need to talk to someone right away, you can call Emergency Services at 540-373-6876, Snowden at 540-741-3900, the policy at 911 or go to the nearest emergency room. If an emergency situation arises in which you are being harmed or are in danger of harming yourself or someone else, please call 911.

Financial Policies

Payment is expected at the time of services and may be made by cash, check, or credit card. Missed appointments that are not cancelled at least 48 hours in advance will incur session charges and will be added to your account. Payment of your bill is a legal obligation.

Payment by cash: Payments may be made in cash at the time of the service. Receipts will be provided upon request.

Payment by check: Checks should be made out to Laurie Barton and given at the time of the service. A return check fee of \$35.00 will be charged for all returned checks.

Payment by insurance carriers: I currently do not accept insurance. However, upon request, I will provide you with a Superbill that you can submit for insurance or Flex Spending reimbursement.

Policy for Court Appearances

Because court appearances require a block of time out of my office, it requires me to reschedule other clients to leave the time available for you. To accommodate this I have found it necessary to establish the following policy.

Court generally requires a minimum of two hours out of the office (travel—court time—travel back to the office). If you desire me to be available for court, the initial deposit is \$250.

This check is refundable only when the court proceedings are cancelled or resolved more than 48 hours prior to the court time. Regrettably, even if the matter gets settled on that day or the day before, it is too late for me to be able to reschedule those hours with other clients. If the court proceeding takes more than two hours, I'll expect to be reimbursed at the rate of \$250 per hour for any hour or part of an hour that I'm needed.

Please keep a copy of this form for future reference.

Acknowledgement of Receipt of Standard Office Policies

I, _____, have received a copy of this Office's Notice of Privacy Practices.

Patient name: _____

Signature: _____ Date: _____

It is your right to refuse to sign this document
