

**Ellen Wilkins Counseling and Therapy**

**Ellen Wilkins, LMFT, PT**

**210 25<sup>th</sup> Ave. N., Suite 601**

**Nashville, TN 37203**

**615-308-8680**

**Practice Policies**

In order to answer questions that are frequently asked by clients regarding fees, confidentiality, services, etc., I have developed these policy statements for your information. I value you as a client and want you to be informed. I accept cash or check, credit, HSA, and debit.

**Fee Policy**

Fees for counseling services are \$225 per initial session and \$175 per subsequent sessions and are due at the close of each session. A counseling session is traditionally 50 minutes. I request that cancellations be made 24 hours in advance; otherwise you will be billed for the full amount. The rate for court appearances, depositions, mediation and other court-related services is triple the normal per-session fee, or \$550/hr. Your health insurance may provide reimbursement for professional psychological services. I encourage you to consult your insurance company. I would be considered "out of network." In the case of a returned check, a \$25 fee will be charged.

**Confidentiality**

Professional ethics and Tennessee State law indicate that the client controls confidential information. This means that, as a general rule, information shared in session with a counselor will be held in confidence. There are three exceptions to this general rule. In the case of an emergency where the counselor believes the client is at risk of hurting himself/herself or another person, the counselor may breach the requirement of confidentiality. Secondly, Tennessee law requires that a child or elder abuse in any form be reported to the Department of Human Services or another authority, such as a juvenile judge. Thirdly, if I am subpoenaed for court I may be required to disclose some confidential information. In addition, if I run into you outside of our sessions, I will wait for you to acknowledge me first.

**Professional Services**

I am available for counseling appointments at selected times throughout the week. My preferred method for scheduling changes is via text. I will return phone calls within 2 business days. If for some reason you are unable to reach me during an emergency, you may obtain assistance by calling the Crisis Help Line at (615) 244-7444, going to your local hospital emergency room or dialing 911.

**Benefits and Risks of Counseling**

Persons contemplating counseling services should realize they might make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may change employment, begin to feel differently about themselves or others, and may change other aspects of their lives. They may also make changes in their marriages or other significant relationships, such as with parents, friends, children, relatives, etc. While I will assist the client in effecting change, I cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

**Credentials**

I am a Licensed Marriage and Family Therapist, License #1018 with the state of Tennessee.

**Informed Consent**

By signing this document, I authorize and request Ellen Wilkins, LMFT,PT to provide treatment deemed necessary or desirable for my welfare and therapeutic growth. Additionally, I consent to participate in treatment and understand the limits of confidentiality as well as the benefits and risks of counseling. I understand that I can terminate therapy with Ellen at any time.

Do you have any questions about fees, confidentiality or other matters? \_\_\_ Yes \_\_\_ No

Do you agree with the conditions and provisions of the Practice Policies? \_\_\_ Yes \_\_\_ No

I agree to be fully responsible for the entire session amount if I miss or cancel less than 24 hours before my scheduled appointment time. Yes \_\_\_ No \_\_\_ Initials \_\_\_\_\_

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

Parent/Guardian Signature if minor \_\_\_\_\_ Date \_\_\_\_\_

If you desire a copy of these policies initial here: \_\_\_\_\_