

PLEASE READ AND KEEP A COPY FOR YOUR REFERENCE

### OFFICE POLICIES

**Welcome!** You have taken an important step in exploring ways to improve your current situation. Seeking professional assistance can be helpful in clarifying your feelings and looking at more effective ways to deal with problems. Because therapy is a new experience for many people, I would like to provide you with some important information. It is important to understand these office policies and become informed about our work together. Should you have any questions about our working relationship, please feel free to ask me at any time.

**Scope of Practice:** The practice of marriage and family therapy includes psychotherapeutic treatment to individuals, couples, families, or groups wherein interpersonal relationships are examined for the purpose of achieving more adequate, satisfying, and productive relationship adjustments. Participation in therapy can provide a number of benefits including the resolution of the concerns that led you to seek therapy and the improvement of your interpersonal relationships. Marriage and Family Therapists respect the right of patients to make their own decisions and only provide information to help examine the consequences of these decisions. Sometimes people feel worse before they feel better because therapy is an unfolding process. Change can be slow and frustrating or swift and surprising. Working toward its benefits requires effort on your part including open and honest disclosure. I will discuss with you your therapeutic objectives as well as other treatment resources that may be of benefit to you. If either of us determines that I cannot be of assistance to you, I will be happy to provide you with the names of additional qualified professionals to assist you. You, of course, may discontinue or terminate therapy at any time for any reason.

**Appointments:** The typical appointment lasts 45 to 50 minutes unless a longer or shorter time has been arranged in advance. Appointments are scheduled for the same time each week unless specifically noted. Your appointment time is reserved for you.

**Cancellations:** Since scheduling of an appointment involves the reservation of time specifically set aside for you, a minimum of 24-hour advance notice is required to cancel. You will be charged a \$40 fee without such notice. Full session fee may apply for a second missed appointment. PLEASE NOTE that most insurance companies do not reimburse for missed sessions. An appointment not kept is a loss to everyone.

[Initials X \_\_\_\_\_] [Initials X \_\_\_\_\_]

**Telephone:** Phone calls are primarily for scheduling appointments; however, I am available for short consultations. Should you wish to reach me between sessions, messages may be left on my office machine at 702-525-7878 which I retrieve Monday through Thursday only. You may also leave messages Friday through Sunday and these calls will be returned during the business week. Please indicate if your message is urgent and clearly leave your telephone number, even if you think I already have it. In an **emergency** situation, please **dial 911** immediately.

**Fee:** The agreed upon fee is due at the beginning of each session unless otherwise arranged beforehand. Having your check made out prior to the session will allow us more time to address your concerns during the session. Telephone consultation, report writing, authorized exchanges of information, and longer sessions, etc. will be charged at the same rate. All payments are to be made in credit, debit, cash or by check. If a check is returned for insufficient funds, a \$25 fee will be assessed. Account balances due over 30 days are overdue and subject to a monthly billing fee of one percent per month on unpaid balances. If payment is not made, I reserve the right to utilize a collection agency to collect accounts overdue. Therapy will be postponed if payments fall behind, so please notify me if problems arise during the course of therapy regarding your ability to make timely payments.

**Insurance:** Many medical insurance companies cover the cost of therapy. Patients who carry Health Insurance should remember that professional services are rendered and charged to the patient and not to the insurance company. Insured patients are expected to submit payment for fees or co-payments as services are rendered.



If you have insurance, I will provide you with an insurance receipt so that you may seek reimbursement. I may disclose your Personal Health Information to third parties to bill and collect payment for the services provided by me to you. This office cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. It is not customary for this office to fill out insurance claim forms. If you have questions, we will, of course, assist you.

**Confidentiality:** Please read the attached Notice of Privacy Policy carefully because your Protected Health Information may be disclosed under certain circumstances and not under others without your consent. I have a legal duty to safeguard your Protected Health Information. Information disclosed in sessions and the written records pertaining to those sessions is confidential and may only be released with your written permission or as specifically noted in the Privacy Policy Notice. However, there are some exceptions under Nevada and Federal law including, but not limited to, reporting child, elder, and dependent adult abuse or neglect, expressed threats of violence towards an ascertainable victim, when you present a danger to yourself or others and when you make your mental or emotional state an issue in a legal proceeding. In couple and family therapy, or when different family members are seen individually, confidentiality between members within the family will be discussed and disclosed in session. If you have any questions regarding your confidentiality, please feel free to discuss these with me.

**Emergencies:** If there is an emergency during our work together where I become concerned about your safety or the possibility of you injuring another person, I will do what I can within the limits of the law to prevent you from injuring yourself or others. For this purpose, I may also contact the person you list on your confidential intake form. If there is an emergency when you are not in session, do not use my answering service nor email services. Dial 911 immediately. If I am unable to keep an appointment, I will attempt to contact you personally first and then contact the person you specify.

**Telephone, Electronic, and Mail Contact:** Ordinary privacy precautions such as pin codes, voice mail services and locked offices are by no means foolproof, so that your confidentiality is always compromised when communicating by electronic devices or by mail. While sent and received emails are transmitted in cyberspace and are then kept in a password-protected computer until they are deleted, there is no guarantee that confidentiality can be totally protected. Deletion or shredding of private material is also not a totally safe means of disposal and you are always at risk of breaches in confidentiality when electronic or mail communication of any type is used for private information. Your use of such means of communication with me constitutes implied consent for this exposure and for reciprocal use of electronic and mail communication to you. In addition, you are advised that I do not guarantee timely responses to email communications.

**Consultation:** I regularly consult with other professionals regarding the treatment of my clients; however, your name as well as any other identifying information is never mentioned. Your identity and confidentiality remain protected.

**I have read and understand the office policies of CHRISTY CUNNINGHAM, LMFT. I have received a copy to keep for my reference. I also acknowledge that I have read and understand the enclosed HIPPA Notice of Privacy Policy.**

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Signature of Patient or Legal Representative Date

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