



General Office Policies

The general policies of the office are explained below. Please take a few minutes to review them and bring up any questions with your therapist.

Contacting Your Therapist

- The phone contact number for your therapist is: _____
- There are times when your therapist is with a client, or not able to answer the phone, and you are encouraged to leave a voice mail message with your name, number, time of the call, as well a brief message and the best time to reach you. All messages are treated confidentially. Your call will be returned as soon as possible.
- **If you feel that you need immediate assistance, please call 911 or go to the nearest emergency room.**
- We do not encourage emailing your therapist. Email can be overlooked or can go into a spam filter. Text messages are a better form of reaching out the therapist.
- Clients are discouraged from contacting their therapist in any form of social media.

Intake and Consent Forms

- For ethical and legal reasons, clients are required to read, complete and sign intake, HIPAA and consent forms and bring these to the initial appointment.
- You may also be asked to fill out forms describing your personal history, the history of the problem that brought you to therapy, and your goals for therapy.
- Please read these forms thoroughly and sign where indicated.
- Please note that the release of client clinical information is strictly governed by Health Insurance Portability and Accountability Act (HIPAA). Under this law, the release of any information cannot be made until a specific authorization to release is signed by the client.

In Session Behavior

- The therapeutic process can sometimes be very difficult. You are encouraged to talk about all your feelings and thoughts during the therapy session.
- It is okay to express your anger in a therapy session, but loud shouting and throwing things is never appropriate.
- While your privacy is of utmost concern, you should be aware that any incidents of abuse or threats to others must be reported.
- If you feel that you may harm yourself in any way, you should discuss this immediately with your therapist. Suicidal threats may result in notifying the patient's emergency contact and other people who can keep you safe. Your safety is our number one concern.
- It is never appropriate to bring any form of weapon into therapy, and clients who bring in a weapon will be asked to leave.



DrCFultz, LLC

Waiting Room & Building Rules

- Please do not bring children under 7 to wait while you are in therapy.
- Please do not bring pets into the building with the exception of service dogs.
- This is a smoke-free building and any kind of smoking, including e-cigarettes, is not allowed.

Payment Policies

- All payments are due at the time of the appointment unless prior arrangements have been made with the therapist.
- A reduced fee schedule is possible for clients with unemployed and inadequate health insurance with evidence of proper documentation.
- Bartering for services is not permitted.
- To avoid being charged the full fee for the session, the client is asked to cancel at least 24 hours in advance. If a session is missed without notice the session fee of \$35 is to be paid within 5 days.
- In the event of severe weather, please contact the office to see whether it is open.
- If you arrive late to a session, the session will still end at the regular time. Exceptions to this policy may be made at the therapist's discretion if there is no one waiting.

Miscellaneous

- For ethical reasons, your therapist does not accept gifts of any kind.
- If you would like to bring a friend or family member to a session, please notify your therapist at least one week in advance. You will be asked to sign a release giving your therapist permission to talk about issues that may be confidential.
- From time to time, at the agreement of both the therapist and the client, therapeutic services may be provided outside the office by phone or video. In these circumstances, the same fees for treatment will apply as for in-office sessions, unless discussed in advance with the therapist.

I have read and understand the office policies.

Client Name _____

Date _____

Signature of the client, guardian or personal representative

Office Policies Are in Affect as Of _____

(Date)