

Judy Koehler, LPC, LLC
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(314) 249-5444

PRACTICE POLICIES

Thank you for choosing me as your counselor. The law requires that I provide written notice of my policies and procedures to prevent any misunderstandings before we work together. Your signature below is required for verification that you received and understand this agreement. If you have any questions at any time, please do not hesitate to ask. It is important that you understand and feel comfortable with my policies.

PAYMENT FOR SERVICES

Payment is expected at the time of each session by cash, check or a major credit card. You will be asked to store your credit card information in a cloud based system in a secure portal for SimplePractice. I can give you more information about the benefits and risks of storing your card in this manner.

My standard fee is \$150 per 45-50 minute session for individuals or couples. Longer session may be arranged in advance for 75 minutes and are prorated at my standard fee.

If you are seeing me for Discernment Counseling, the first session will be a double session at \$300. (100 minutes gives me opportunity to work with you as a couple for the first 30-40 minutes and as individuals in the second half of the session.) Subsequent Discernment Counseling sessions are 75 minutes or \$225. You may have up to 4 additional 75 minute sessions after the initial 100 minute session.

If you are seeing me for premarital counseling and have set a wedding date, I offer a premarital package rate of \$525 for 4 assessment sessions. You pay my regular session rate for the first 3 sessions and only \$75 for the 4th session.

INSURANCE

I am a fee-for-service provider (full payment is required at each session). If you wish to use mental health benefits for your sessions, you may check with your insurance provider regarding their out-of-network benefits. If your particular policy has these benefits, the company may partially reimburse you once your annual deductible is met. Just ask me if you would like a diagnostic receipt (superbill) for your sessions. You will

be responsible for submitting the paperwork to your insurance company. Make sure you understand your deductible, session limits and any other requirements of your policy. You must have a qualifying diagnosis which remains a part of your official health record.

If you are paying out of pocket, after scheduling your first appointment I will provide you with information on the No Surprises Act as well as a Good Faith Estimate of the cost of your counseling.

Please bring to my attention any financial hardship you may have during the course of treatment. If my fee changes during the course of treatment, you will have at least 30 day's notice.

APPOINTMENTS AND CANCELLATIONS Once you make an appointment with me, that time is reserved for you. If you are late for a session, you will lose some of your session time. **CANCELLATIONS WITH LESS THAN 24-HOUR NOTICE, OR 'NO SHOWS' WILL BE CHARGED AT MY FULL FEE.** That will be waived in the event of illness or bad weather. A \$25.00 service charge will be assessed for returned checks.

TELEPHONE ACCESSIBILITY

If you need to quickly contact me between sessions, please leave a message on my voice mail at (314) 249-5444. If I am not immediately available, I will attempt to return your call within 24 hours. If you do not receive a call back please call again. In an emergency, call 911 or get your nearest hospital emergency room and have someone let me know when you are stable. The Suicide and Crisis Hotline is 988. Life Crisis Services may be reached at 1-800-273-8255 if you are feeling suicidal and need to talk to a professional right away.

EMAIL, TEXT, AND PHONE ACCESSIBILITY

Please use the SimplePractice secure messaging system for rescheduling whenever possible. Regular email and text messaging are not secure. No one besides me picks up my phone messages, so a phone call is generally the fastest way to reach me. If I do not respond within 24 hours, something went awry with technology — please call back.

MEDICAID AND MEDICARE

I am not a Medicaid or Medicare provider.

SOCIAL MEDIA Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on social networking sites (Facebook, LinkedIn, etc). Adding clients as friends or contacts on these sites can compromise your confidentiality and privacy and

blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can talk more about it.

CONFIDENTIALITY/DUTY TO WARN

Your personal privacy is extremely important to me. Therapy services are confidential, under the terms indicated in my Privacy Notice. Some of the major conditions under which the therapist is not obligated to maintain confidentiality are:

- Danger to self and others
- Abuse of children or vulnerable adults
- A subpoena from a judge or other legal requirements

Please refer to my Privacy Notice for further information on confidentiality.

SECRETS IN COUPLE/FAMILY COUNSELING

In couple, parent-child, or family therapy, some secrets may interfere with therapy. I may encourage sharing of critical information with those who should know. In certain instances, it may be difficult to continue therapy if important information is withheld. It is your responsibility to read and make sure you understand how information obtained may or may not be used, as indicated in my Privacy Notice.

MINORS

If you are under age 18, your parents may be legally entitled to some information about your therapy. I will discuss with you and your parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

TERMINATION

Clients are free to discontinue therapy for any reason at any time. It is generally in your best interest to have a termination process to achieve good closure to the work we have done together. I may terminate treatment if I determine that the psychotherapy I am providing is not being effectively used or if you are in default on payment. If I do not feel I am the best person to treat you I will discuss this with you and give appropriate referral(s).

Unless I am incapacitated, I will not terminate the therapeutic relationship without first discussing and exploring my reasons and purpose for terminating. You may also choose someone else on your own in the event you are dissatisfied with my services.

Should you fail to schedule an appointment within 3 weeks of your last appointment, I will consider our professional relationship discontinued for legal and ethical reasons.

UNEXPECTED THERAPIST ABSENCE

In the event of my unplanned absence from practice, whether due to injury, illness, death, or any other reason, I maintain a detailed Professional Will with instructions for the Executor to inform you of my status and ensure your continued care in accordance with your needs. The Executor of my Professional Will is Susan Verble, LPC, and the Secondary Executor is Emma Griffin, LPC. You authorize the Executor and Secondary Executor to access your treatment and financial records only in accordance with the terms of my Professional Will, and only in the event that I experience an event that has caused or is likely to cause a significant unplanned absence from practice.

BENEFITS/RISKS OF THERAPY

There are no guarantees as to the outcome of therapy. Benefits may include more satisfying relationships, improved mood, greater optimism, and changes in behavior. Risks may include discomfort during sessions as difficult/painful issues are discussed and processed. Negative effects are usually short term.

I consider counseling a collaborative experience, so please share any concerns with me throughout our work together. I feel that my clients make me a better clinician, so please let me know if there is anything I can do to better your experience in session.

BY SIGNING/DATING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Signature _____ Date _____