



POLICY STATEMENT

APPOINTMENTS

Appointments are **scheduled especially for each client** for a particular day and time. A series of scheduled appointments (weekly or bi monthly) are given to secure the day and time that is needed so that **therapeutic treatment continues without interruption** due to unavailable hours. No one can or will be scheduled in your scheduled time. It is an inconvenience when you fail to attend your scheduled appointment. The therapist is kept waiting and another individual seeking treatment is unable to schedule for the hour that you missed. Therefore, the following will occur when a scheduled appointment is not kept:

24 HOUR CANCELLATION POLICY:

1. Scheduled appointments **MUST** be cancelled 24 hours in advance.
2. Same day cancellation will be **charged full fee for the session**. Full fee is defined as what your insurance pays the provider. It is **not your co-pay**.
3. Other scheduled appointments will continue to be on the calendar.
4. **Too many or too frequent cancellations**, whether 24 hours in advance or same day, is an indication that you are not able or willing to honor the treatment schedule and **will result in termination of treatment**.

NO SHOWS:

1. You will be **charged full fee** for the session.
2. Full fee is defined as what your insurance pays the provider. It is **not your co-pay**.
3. You have **24 hours** to call the therapist **to secure** any other scheduled appointments.
4. Not calling to indicate your intention to continue therapy **will result in cancellation of other scheduled appointments**.
5. You may return to your therapy once you have paid in full for the No Show appointment.

WRITTEN CORRESPONDENCE

All written correspondence requires time and accuracy of thought of your treatment to construct appropriate content while protecting your confidentiality. This includes correspondence to the Court, Attorneys, Child or Adult Protective Services, Social Workers, Doctors, and other agencies or individuals. The following will be required **prior** to writing or sending any correspondence:

1. A thoroughly completed and signed **Authorization to Disclose Information**.
2. A **\$100.00 fee** is charged and is **payable in cash PRIOR** to writing, releasing, or sending written correspondence.
3. Minimum of **2 weeks advance notice** required.
4. Requests **shorter than 2 weeks** advance notice **will not be completed timely** resulting in not meeting the necessary deadline.

FORMS:

All forms require time and accuracy of thought of your treatment to construct appropriate content while protecting your confidentiality. This includes but not limited to Disability Forms, Family Medical Leave Act (FMLA), and other agencies or individuals. The following will be required **prior** to completing, releasing, or sending any forms:

1. A thoroughly completed and signed **Authorization to Disclose Information**.
2. A **\$75.00 fee** is charged and is **payable in cash PRIOR** to completing, releasing, or sending forms.
3. Minimum of **2 weeks advance notice** required.
4. Requests **shorter than 2 weeks** advance notice **will not be timely completed** resulting in not meeting the necessary deadline.

FAXING:

All materials requesting to be faxed require accuracy of thought of your treatment and time to construct appropriate content while protecting your confidentiality. This includes but not limited to all the previously mentioned written correspondence, forms, and other agencies or individuals. The following will be required **prior** to writing or sending any correspondence:

1. A thoroughly completed and signed **Authorization to Disclose Information**.
2. A **\$15.00 fee** is charged and is **payable in cash PRIOR** to faxing.
3. Minimum of **2 weeks advance notice** required.
4. Requests **shorter than 2 weeks** advance notice **will not be timely completed** resulting in not meeting the necessary deadline.

COURT CASES

Wings of Courage Family Services Counseling & Presentations, Inc. **does not accept** Court-related cases. Designated Court cases will not be knowingly accepted. Each case will be assessed its appropriateness if a current client begins a Court case (i.e. divorce) while in treatment.

CLIENT AGREEMENT

I acknowledge that I am in receipt of and read the above polices. I understand the policies and I agree to abide by them.

Client

Date