

TREATMENT POLICIES

Welcome! It is a privilege to meet you and to have the opportunity to work with you. The following information will provide answers to commonly asked questions about my practice. Please also review carefully the additional information detailed in the *Notice of Privacy Practices*.

MEETINGS:

For the most part, I recommend weekly therapy sessions in the duration of 50 minutes. I make every effort to stay on schedule and ask you to do the same. This means that if you do not arrive on time for a visit, I will be unable to meet with you for the full 50 minutes. I will meet with you for whatever time remains.

CANCELATIONS

I require a minimum of 24 hours notice for cancellations. If you do not cancel accordingly, you will be charged for that session. Payment will be necessary prior to scheduling future visits. Exceptions to this policy include an illness which results in a visit to your doctor's office or a hospital, or when the weather is severe enough to close the public schools in your area. Unfortunately, I cannot make additional exceptions and absorb the cost for other legitimate situations such as other illnesses, work schedule changes or car problems.

FEES / OFFICE HOURS / PHONE CALLS:

I require payment at the time of services. I do not accept insurance coverage But will provide receipts for your to submit to your insurance provider. Payment can be in the form of cash, check, credit card and through Venmo or Zelle.

Office hours are Tuesday, Wednesday and Thursday from 8:00 am to 6:00 pm, Friday mornings from 9-12. I will try to be as flexible as my schedule allows if you are unable to meet on these days.

I try to return all phone calls during business hours on the day that they are received. I request that calls be limited to emergency situations and scheduling issues. All other information should be discussed during scheduled visits. I try to check messages periodically over the weekends. Unless it is an emergency however, I will likely return calls during regular business hours. If you are experiencing an emergency and are unable to reach me, you should contact lifeline at 275-5151.

CONFIDENTIALITY

As a professional, I am bound by ethics of confidentiality. What is discussed during sessions remains confidential unless you request in writing that I share information with another person. To provide the best care and service I may consult with a colleague regarding your case and the best options for care, however, no information disclosing your identity will be shared. I ask that conversations not occur in the waiting area out of respect for you and your child's right to privacy. Confidentiality is broken only when I have concerns regarding the safety of you, your child(ren), or someone that you are in close contact with.

I hope this information has helped to answer any questions you have regarding my practice. If you have any other questions or concerns, please feel free to contact me at 747-6485.

AGREEMENT:

I have read and agree with the treatment policies and procedures described above. I understand and agree to comply with them: I also agree to read carefully the Notice of Privacy Practices.

Clients Name

Date

Diane G Denning

Date