

FORMATION COUNSELING SERVICES, INC.

A Ministry of Heights Cumberland Presbyterian Church

INFORMATION ABOUT YOUR COUNSELING/PSYCHOTHERAPY SESSIONS

The following is provided to help you with the questions most asked when beginning counseling or psychotherapy and to obtain your agreement to the terms described. Please feel free to ask questions about any of the information listed.

1. Individual sessions are 45 minutes long. Sessions with more than one person are 50 minutes in length. Typically, initial appointments with your therapist, which include more extensive evaluation, are 70 to 75 minutes long. Most clients participate in one therapy session per week. There may be good reasons in some cases for more frequent visits.
2. The present standard fee for counseling/psychotherapy or other psychological services at Formation Counseling Services, Inc. is \$105 per session.
3. We encourage you to make use of any insurance plan that includes mental health benefits. We will be pleased to file insurance claims for you. When you use an insurance plan to pay for your services, you are responsible to pay your deductible and/or your co-pay, according to your plan. We will be happy to help you understand exactly how your plan works and what you are required to pay.
4. Payment for your portion of the fee for services is due at the time of each session.
5. If you choose, you may be considered for financial assistance based on financial hardship. In this case, we will ask you to state the monthly or yearly gross income earned by those in your household that are combining finances. Your portion of the standard fee for services will be determined by our schedule of maximum personal expense for financial hardship situations. The difference between your portion and the standard fee will essentially be paid by Formation Counseling Services, Inc. as a ministry to the community.
6. You need to know that regular attendance at your therapy sessions is crucial to your progress. If, however, you need to cancel a session for some reason, please call at least 24 hours in advance. **Please note: You will be charged a fee for late cancellations (less than 24 hours notice) or appointments missed without notice.** The fee for these instances will be \$10, \$20, or \$30, depending on what your fee for services is. Your fee for late cancellations or missed appointments will be clearly spelled out on your fee agreement.

I have read and understood the above information. I have had the opportunity to ask questions and have had any questions answered to my satisfaction. I agree to the terms described above.

Signed _____ Date _____