



## **WELCOME TO RENEW MENTAL HEALTH COUNSELING**

You are receiving this letter because you have expressed interest in beginning the counseling process with me. Here you will find information that will be helpful to you with understanding some of the policies and procedures of the counseling process. Please read it carefully and thoroughly; if you have any additional questions please do not hesitate to contact me. I look forward to walking along side of you in this time of need in your life.

### **PRACTICE OVERVIEW:**

I am a licensed counselor with my Master's degree in Mental Health from St. John Fisher college. I believe in a client-centered/collaborative approach to counseling. This approach focuses on the counselor and client working together to establish goals and develop practical techniques to facilitate improvement in the client's life and/or relationship(s). When a client commits and regularly attends their scheduled appointments, completes homework assignments (when applicable), and applies techniques discussed together in session, counseling proves to be the most effective. My goal as the counselor is to provide a safe place where healing can begin and change is possible. My job is to help the client identify problems, establish goals, and provide tools that they can use long after the counseling process is over.

### **ABOUT COUNSELING:**

There are both benefits and risks associated with the counseling process. The potential benefits include improved ability to identify problematic areas (i.e. cognitive distortions, emotional reactivity, relationship distress, etc), evaluate acceptable options and apply those options into daily action. The counseling process often teaches you things about yourself that you may have otherwise overlooked or never seen. It also can provide helpful life management skills and facilitate the integration of past learning with the present to create a higher level of self fulfillment.

The risks associated with the counseling process may include experiencing uncomfortable levels of emotions such as sadness, guilt, anger, or frustration. You may also experience difficulties in your relationships or other people as you work through your problematic areas. At times, the saying "things have to get worse before they can get better" may feel quite real to you; however, the expectation is that counseling will be helpful and supportive as you go through the process. Nevertheless, there is no guarantee for any specific outcome so it is vital that you discuss any questions or concerns about the counseling process with me.

#### APPOINTMENTS, FEES AND CANCELLATIONS:

Initial intake sessions are 60 minutes for an individual and 75 minutes for couples. \*The fee for an individual intake session is \$110 and the fee for a couples intake session is \$150. Individual sessions are 50 minutes and couple sessions are 60 or 90 minutes. \*The fee for an individual session is \$100.00 and the fee for a couples session is \$125.00 or \$175.00, respectively. If your individual session exceeds the 50 minutes you will be charged for the 1 hour session time (\$110).

\*Payment is expected at the time of your session and can be made by cash, check, credit card or HSA/FSA card. You may also pay via Venmo (@Kristin-Ferri-1) or PayPal ([KristinFerri@renewMHC.com](mailto:KristinFerri@renewMHC.com)).

The time in which a client or couple will be in therapy is subjective and difficult to determine. It is based on factors such as; frequency of appointments, the identified problem(s) and goal(s) and effort put into the process. Due to this, I can not determine the amount of sessions needed, length of time of the counseling process nor the overall cost of services. You will only be charged for the sessions attended (or missed/cancelled- see below for policy) at the fee stated above. You will be given notice ahead of time if there are any changes to the fee structure.

Please cancel your appointment as soon as you know you may not be able to keep it, this will allow me to reschedule your session quickly; however, 24-hour cancellation notice is required if you are unable to keep an appointment. **If you fail to cancel your appointment 24-hours in advance or you do NOT show up to your appointment, you will be charged for the full amount for the missed appointment.** If you do need to reschedule an appointment within the 24 hour period due to sickness or emergency, you may reschedule in the SAME WORK WEEK (IF my schedule allows) to avoid the cancellation fee or choose to do an online session at the originally scheduled time [if appropriate] to keep the appointment.

Fees are subject to change with proper notice

\*\*All payments made are nonrefundable and returned checks will incur a \$30.00 fee in addition to the original amount due.

#### INSURANCE:

I am an out of network provider, I do NOT bill insurance companies directly. This includes any and all insurance companies. If you would like to submit a claim form for reimbursement from your insurance company, I can provide you with the necessary documentation to do so but first **I require that you please read the “Why I do not bill Insurance” form for further understanding** on this. Regardless, payment is still your responsibility and full payment is due at the time of your session. Note, I do accept Health spending accounts (HSA) or Flexible spending accounts (FSA).

**Medicare Opt-Out:** For those clients eligible for Medicare please be aware, I have chosen to opt-out from Medicare. Because I have opted out of Medicare, Medicare limits do not apply to my charges for services. By entering into services with me you/your legal representative agree not to submit a claim to Medicare.

**LEGAL/MEDICAL DOCUMENTATION**

I do not provide any documentation for legal proceedings unless I received a subpoena directly from a judge. If you need any forms filled out or a letter needed from me for any other reason, I will charge at rate of \$1 per minute. This will be for any paperwork that takes more than five minutes of my time.

**COMMUNICATION:**

**Phone/Text:** I will not answer my phone outside of my contact business hours: M-Th 9am-6pm; Friday 9am-5pm; Saturday and Sunday OFF; so please leave me a message if calling outside of these hours. I will typically return phone calls within a 24 hour time frame, please leave a message if you want a returned phone call. Delays may occur for the following: weekends, holidays or if I am on vacation. Please let me know if leaving you a message would pose a confidentiality issue for you. **If you are having a life threatening, emergency please call 911 or life line at 211.** \*\*For a last minute cancellation please call me and leave a voice mail message or text rather than e-mail. NOTE: Full payment of cancelled session will still be required and charged.

**Mail:** I may need to contact you via post mail. If this poses a confidentiality issue for you, please let me know.

**E-mail:** This is often the most common form of contact for many people and I will use it for routine communication, such as scheduling appointments or relaying basic information. I do NOT use e-mail for counseling purposes, I will not discuss your counseling or other protected health information via e-mail because **it is not a safe and confidential form of communication.** My e-mail does go through a server that is not encrypted to protect health information, it is possible that a third party could gain unauthorized access to any message you send or receive from me.

**Social media:** You are welcome to follow me on Facebook (facebook.com/RenewMHC) or Instagram @RenewMHC and read anything I post but please know I do not knowingly engage in a two-way interaction with clients or former clients on any form of social media. This professional boundary has been established for your protection.

**Please sign and date this form below. A copy can be given to you upon request and I will keep one in your confidential records. Your signature indicates that you have read this agreement for services and understand its content. Please ask me to address any questions or concerns you have about this information before signing.**

**I have read and understand the policies and procedures and agree to abide by them.**

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**Client Name**

\_\_\_\_\_

**Client Signature or Signature of Parent, Guardian**

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**Date**