

KRISTINA HOUSER, PH. D.

LICENSED PSYCHOLOGIST, LICENSED CHEMICAL DEPENDENCY COUNSELOR

17 Blue Line Drive
Athens, OH 45701
740-592-5689
740-593-7166FAX

POLICIES AND PROCEDURES

FEES

Effective 6/15/18, \$150.00/hour for Intake. \$125 per 45-50 minute on-going session, once therapy has begun. Additional time needed for an ongoing session will be assessed at \$125.00/hour.

Couples counseling is available: \$150.00 for Intake and \$125.00 for ongoing sessions. Insurance companies cannot be billed for couples counseling, since there are no diagnostic categories for couples. Payment is requested at time of service and sessions are scheduled for 1.5 hours, at the rate of \$125/hr. after Intake.

Requests for written reports or work for PASSS funds will be assessed at the rate of \$125/hr. If reporting to others with test results and therapy summaries is requested, a fee of \$50.00 per half hour of preparation time, will be assessed. Insurance companies generally do not pay for reports, letters, phone calls or consultation with other professionals.

PAYMENT

Payment can be made at time of service with cash or check for which a Statement with dates, charges, diagnosis, and any additional information required by insurance will be provided. Or, Claims can be sent directly to client's insurance company. Client is responsible for copay, at the time of session.

CANCELLATIONS

To avoid charge, cancellations are requested 24 hours in advance of scheduled appointments. Late cancellations and missed appointments will be a charge of \$50, unless there is agreement that circumstances were beyond client's control. If it appears that late cancellations and missed appointments occur repeatedly, it will be assumed that treatment is not meeting a client's needs and an appointment will not be rescheduled.

EMERGENCIES

In the event of a medical emergency in the office and a client is not able to care for or transport self, arrangements will be made for transportation to the nearest hospital ER.

In the event of a psychiatric emergency, Hopewell Center will be contacted for evaluation for psychiatric hospitalization or temporary respite.

If unexpected after hours or weekend emergencies arise, clients may leave a message for this therapist at the office, or at her home, 740-698-3041. If this therapist is not immediately available, clients are encouraged to contact Crisis Services at Hopewell Center, 740-593-3344. During therapist's vacation, arrangements will be made with another therapist working in the building, if it is deemed helpful to maintain therapeutic contact.

CONFIDENTIALITY

All the therapists using this building are independent, files are maintained separately. It is the client's right to review any written document in her/his file. Copies will be provided upon request @\$.10/page. Client information will not be released to anyone without written permission.

EXCEPTION: If there is any indication the client is of danger to her or himself, or, to others. If (for a child, elder or mentally disabled individual) there is suspicion that someone is engaging in behavior which is bringing or could bring harm. Appropriate authorities (Children Services, Police, Sheriff, or Hopewell Center) will be notified.

LITIGATION LIMITATIONS

Engagement in the therapeutic process requires full disclosure of confidential material which could include issues which relate to legal procedures such as divorce, custody issues, injuries, lawsuits, State or Federal Disability claims. Please be aware that your signature under Acknowledgement of Policies and Procedures reflects an understanding that this therapist considers her expertise is to help you resolve problems, develop skills to represent and reflect yourself authentically, and/or to develop tools to manage and treat mental illness. This therapist considers court testimony, response to legal documents, and legal advocacy, frequently contradictory to therapeutic goals and is unwilling to participate in this activity.

INITIALS:_____

BENEFITS AND POSSIBLE RISKS

Treatment goals will be established when client presents desired outcomes. Benefits would include some resolution of client issues. Discussion of personal history can raise uncomfortable emotions. Disclosure of unresolved conflicts or ongoing losses can be difficult to experience.

Change, even if desired, may be disorienting and cause reactions in the self or significant others. New understandings about self or others can be unsettling. Clients are encouraged to raise questions or concerns with Dr. Houser.

ACKNOWLEDGEMENT OF POLICIES AND PROCEDURES

I have read these office Policies and Procedures. If there is any aspect, I do not understand or with which I do not agree, I will discuss it with Dr. Houser in our initial sessions.

_____ Client (or guardian, if client is under 18) Date