



7890 St. Andrews Cir  
Orlando, FL 32835  
(407) 342-3559  
debbie@  
daringsoulcare.com

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brave  
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connected

# POLICIES AND PROCEDURES

## APPOINTMENTS AND OFFICE HOURS

Counseling sessions are typically 50-60 minutes long. Please arrive on time so that you can benefit from a full-length session. Office hours are by appointment only. We prefer to schedule your counseling sessions at a set time on a weekly, bi-weekly or monthly basis as agreed upon with your therapist.

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## CANCELLATIONS

24 hour notice is expected when canceling an appointment. You will be charged your full fee for no-shows or cancellations made with less than 24 hours' notice.

Emergencies and extreme circumstances are taken into consideration. If you fail to show up for an appointment and have not notified your counselor at least 24 hours in advance, it is your responsibility to contact your counselor before your next session to confirm your next appointment.

Repeated no shows or cancellations may be grounds for terminating your counseling relationship with Daring Soul Care. By reading and signing this document, you agree to be liable for any balance due for therapeutic sessions conducted or missed without proper notification.

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## CONFIDENTIALITY

Maintaining a safe, ethical and professional counseling environment is important to us at Daring Soul Care. Except as noted, your therapy sessions are held with the strictest ethical standards to honor your confidentiality.

By law, your therapist is required to report:

- Suspected past or present abuse and/or neglect of children, dependent adults, and elders to the appropriate authorities based on information provided by a client or collateral sources (other individuals involved in a client's psychotherapy, such as parents, guardians, spouses); and
- Information that may help to avert danger to a client or to others, e.g., imminent risk of suicide or homicide.

Selected information may also be released in the following circumstances:

- When you or a legal guardian have submitted written authorization for information be released to designated parties;
- When financial information is released to a collections agency, attorney, or small claims court for delinquent client accounts; or



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- When significant clinical aspects of your case are presented for peer consultation or supervision as part of providing you with the best care. Your confidentiality is still honored strictly during supervision or consultation. If you have any questions or concerns regarding your confidentiality and clinical supervision, please make sure to address these concerns with your therapist.
- Where otherwise required or compelled by State, federal or local laws.

The following information is protected as confidential: the acknowledgment of your presence in therapy, documentation you give to your therapist, and your therapist's clinical notes (except as required by law).

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## COMMUNICATIONS

You may leave a voice mail on your therapist's voicemail at any time. At the discretion of your therapist, you may also communicate via text or email. Under normal circumstances, you will receive a response within 24 to 48 hours.

**IMPORTANT:** If you have a life-threatening or urgent situation, please call 911.

Any phone calls with your therapist longer than 10 minutes will be treated as a therapy session, and you will be expected to pay your normal session rate.

Email communication is also appropriate for brief questions or communications to your therapist and will be discussed at your next session. It is important to note that email is not 100% secure. Any emails relevant to your treatment will be kept in your file.

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## FEES AND PAYMENT ARRANGEMENTS

Payment is due at the time services are rendered for office visits. Payment for phone appointments may be required in advance. Payments may be made by Cash, Check, or Credit Card. Professional service fees are \$125 per individual/couples session (50-60 minutes) and/or \$60 per group session. Checks should be made payable to "Debbie Miller."

Consultations with other professionals and reports prepared on your behalf will be charged a pro-rated fee, calculated in 15 minute increments. Assessment testing is charged on a per-instrument basis. A \$25 charge is made for any check returned to us as non-payable for any reason. Accounts over 90 days past due may be sent to collections and additional fees may be applied.

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## INSURANCE

Daring Soul Care therapists are not on any insurance panels. If you have PPO insurance and you would like to receive reimbursement from your insurance plan, you will be provided a super bill that will have the necessary information for you to submit to your insurance company. Please review your plan with your insurance carrier to see if they offer partial reimbursement for out-of-network mental health care providers.

Should your insurance company, disability provider, or healthcare agency require reporting, copies of treatment plans, or other paperwork, you will need to authorize release of that information. Administrative fees to respond to the requests will be calculated based on your normal counseling fee, pro-rated in 15-minute increments. Administrative fees will be collected at the next client session following the request or billed to your credit card.

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## PARTIAL SCHOLARSHIPS

Upon completing a scholarship application, clients with demonstrated financial need may qualify for a partial scholarship of up to \$25 per session. Scholarships are awarded for up to a six-month period and a client's eligibility must be re-evaluated at that time.

By accepting a scholarship, you commit to the following:

- Promptly notifying your therapist if your financial situation improves;
- Completing all homework assigned between sessions; and
- Showing up for counseling ready to engage in the therapeutic process.

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## PROFESSIONAL CONDUCT

As with any professional relationship, the psychotherapeutic relationship requires high standards of moral, ethical, and appropriate conduct on the part of the therapist. Specifically, any form of sexual intimacy between a therapist and a client is never appropriate.

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## TERMINATING COUNSELING

If you feel that you would like to terminate counseling before your counselor suggests, we ask that you do so in person with one full session available to process your reasons for discontinuing, progress you have made, and suggested next steps.

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## CREDIT CARD ON FILE AGREEMENT

I acknowledge my credit card information will be kept on file to be used for session fees in which I do not provide payment (unless other arrangements have been made with my therapist). Charges for missed appointments not cancelled with 24 hours advanced notice, returned check fees plus the amount of the check that did not clear, unpaid administrative fees for consultation or reporting, and overdue balances of more than 30 days will be billed to my account.

My credit card will only be used under these circumstances or when I have not provided payment in another form (i.e. cash or check).

By signing below and providing my credit card information, I authorize Debbie Miller, LLC or my individual Daring Soul Care therapist to charge my credit card.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV (3 digit code on back): \_\_\_\_\_

Phone Number on record with Card: \_\_\_\_\_

Credit Card Type:  Visa  MasterCard

## CLIENT ACCEPTANCE

I have read and understand (or have asked for clarification about) the information presented in this form, and consent to treatment within these guidelines.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_