

Fees and Policies

Valor Counseling Center, PLLC

Intern Fees and Policies

352B Raleigh Street | Holly Springs, NC | 27526

919.762.6522

SLIDING-FEE SCHEDULE:

Psychotherapy (Individual, Couples, Family) 55 min

- \$40 a session = total household income a year is over \$50K
- \$30 a session = total household income a year is between \$20K and \$50K
- \$20 a session = total household income a year is from unemployed to \$20K

Additional Session Time	\$20 / Half Hour
Crisis Call	\$20 / Half Hour
No-Show	Full Fee
Late-Cancellation	One-half of Full Fee
Telephone Consultation	\$25 / Hour
Reports and Letters.....	\$25 / Hour
Photocopying.....	\$25 / Hour
Court Preparation/Appearances.....	\$200 / Hour

POLICIES FOR INTERN SESSIONS:

For marriage or couple's sessions, I will not keep secrets from the other party at any time. This could jeopardize my relationship with another party and harm the therapeutic process. Any shared information from sessions, phone calls, emails and written messages are included in this policy. If an individual session occurs, this session information will be shared in our couple's session together. Either person may terminate the session at any point.

Any client under the age of 18 will be considered an informed forced consent client. Parent or legal guardian will participate in forms, financial aspects, and health information. Sessions will be kept confidential with the client unless the client gives permission to share any information they wish to disclose. If a minor mentions self-harm of any kind and/or towards someone else this information will be shared with the parent/legal guardian. Parents/legal guardians will be given mild counseling updates along the way. If a family session is needed, preparation with minor will occur first before moving forward, so the therapist-client alliance remains healthy and secure for the client. Once the child turns 18, the child will be given full ownership of their sessions as desired and they may sign a release form for any part of their session (finances, notes, making appointments, etc.).

As an intern, I may request my supervisor sit-in on a session if the client is comfortable with it.

As an intern, I will often take notes to be charted in your portal account. This information is kept confidential and will at times be discussed with my supervisor, so that you are given the best care and guidance.

As an intern, I may request to record our sessions for my coursework and learning which you may deny. In addition, my supervisor and I may watch these recordings together confidentially. There is a separate form to sign for video consent.

As an intern, I will **not** be submitting any sessions to insurance companies, but I can provide you with a receipt.

Late cancellations require 24-hour notice.

I will give a mindful diagnosis at our first session which is standard for clinical counseling and will allow me to create a healthy treatment plan according to your needs and goals.

If you (or your child, client) are unable to make a payment the day of your session, you will be responsible for updating your account balance within 30 days. Clients will not receive further treatment until balances are clear and/or they have discussed a payment plan with their therapist. Unpaid sessions will eventually be sent to collections.

If you, the client, or your child who is the client, has missed (no shows) two appointments this will indicate, you/they are not ready to commit to counseling and a therapist or therapist supervisor will suggest finding another practice/clinician who may fit your needs better and have more flexibility. The client(s) will therefore be considered terminated.

If at any point you are not happy with your services, please let me know so we can come to an agreement which is best for both parties. If you need further assistance, please contact our practice owner, Ashley Wright, LCMHC (NCBLPC #11604), for assistance @ ashley.wright@valorcounselingcenter.com or call 919-762-6522.

Please visit our "Notice of Privacy Statement" on the website for more information regarding confidentiality and records: www.valorcounselingcenter.com.

By signing this document, you agree to it fully and are held responsible for all parts.

Client (or legal guardian) Printed Name

Date

Client (or legal guardian) Signature

Date