



## PSYCHOTHERAPY ASSOCIATES

**Michelle Morris, LPC (McKeirnan)**

**MichelleMorrisLPC@gmail.com • (814) 932-1120**

### **POLICY AGREEMENTS**

Welcome to the practice of Michelle Morris, LPC (McKeirnan). I look forward to working with you to explore your life's challenges, in order to create a more fulfilling life for you and those around you. I will strive to provide the highest quality of care and counseling for you and/or your loved ones. The following policies and information are provided to establish a clear and mutual understanding of the professional and business aspects of our work together.

#### **CONFIDENTIALITY**

Confidentiality is maintained as part of the counseling process in accordance with generally accepted ethical standards. All confidential information remains within the counseling office of Michelle Morris, LPC (McKeirnan). Your written authorization is required for the release of any information or records to sources outside of this counseling office (i.e., physician, school, etc.). Exceptions are made to this policy, as mandated by law, in the event of the threat of danger to you and/or another party, including reports of child abuse, or in the event of a court order. Another exception may also be appropriate in cases of non-payment of fees, thus necessitating the use of a collection agency.

#### **FINANCIAL AGREEMENT**

The frequency of therapy will be assessed at the time of the initial intake appointment. Payment is expected at the beginning of each session.\* Periodically, my fee structure will be reassessed. (Sliding scale available for those who qualify.) If the fee structure should change, you will be informed **no less than one month prior to a fee increase**. You are responsible for keeping all scheduled appointments. If you need to cancel an appointment, you are required to contact this writer directly, **24 hours in advance** of the appointment. Failure to do so will result in a charge equal to 100% of the reserved service amount, at the usual hourly rate. As such, it is your responsibility to pay the full fee before the next scheduled appointment. As the client, you agree to take responsibility for the missed appointment fee, as a courtesy to this writer and my time. Should your account become thirty (30) days past due, you will be liable for a **late charge**

**of \$25.** There will be a **\$25 fee for checks returned** for insufficient funds, in addition to all collection fees.

*\*Credit cards will be charged a 3.5% processing fee, which will be added to the charge of service. PayPal is currently being used to service credit card payments; Venmo, Zelle, check, and cash are also accepted payment methods.*

## **FEE STRUCTURE**

- Individual therapy (60 min.) – \$250
- Individual therapy (75 min.) – \$325
- Couples therapy (60 min.) – \$325
- Couples therapy (75 min.) – \$375
- Family therapy (60 min.) – \$350
- Family therapy (75 min.) – \$425
- Couples / Family therapy (90-100 min.) – \$500

***Signing signifies agreement to the financial policy above.***

\_\_\_\_\_  
CLIENT'S PRINTED NAME

\_\_\_\_\_  
CLIENT'S SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_\_  
THERAPIST'S SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE