

JANIS B. RICE, M.A., L.P.C.

**17049 El Camino Real #208
Houston, Texas 77058
(281) 538-8008**

OFFICE POLICIES AND PROCEDURES

PRACTICE: This is an independent private therapy suite. On some occasions, office space may be shared with other mental health practitioners; however, each clinician maintains an independent private practice.

OFFICE HOURS: My normal office hours are weekdays 9:00 AM through 7:00 PM. All sessions must be scheduled by appointment. It may be possible to schedule sessions outside those hours by special arrangement.

APPOINTMENTS: Appointments are scheduled directly with me and are approximately **45** minutes long. If the need arises to reschedule or cancel your appointment, please call me at **(281) 538-8008** as soon as possible. If you arrive late for your appointment, your session time cannot be extended.

CANCELLATION POLICY: When you schedule an appointment, I consider that a commitment for you and me to work together to pursue your therapy goals. I am unable to help anyone else during that time. Sometimes emergencies arise, but whenever possible, try to put your health ahead of life's daily interruptions and keep your appointment.

If I need to cancel or change an appointment, I will give you 24 hours notice, as I know you have reserved time for your appointment. **If for any reason I cannot give you 24 hours notice, I will provide our next session at no cost to you.**

Likewise, I expect you to give me 24 hours notice if you must cancel an appointment. **Your insurance company will not pay for missed appointments.** If, for any reason, you cannot let me know 24 hours in advance, or forget your appointment, you will be charged my full fee of **\$100** as a missed appointment fee for the time you reserved.

ACKNOWLEDGEMENT INITIALS _____

EMERGENCIES: My main business telephone number is **(281) 538-8008**. I am usually in my office weekdays during scheduled appointments. If I am in session with a client, I can not be interrupted and will not be available to take your phone calls. However, I do check my voice mail frequently, and am automatically notified when I have messages. On other days, including week-ends or if I am out of town, I check for messages daily.

If you cannot reach me by phone but need to talk to someone urgently, you may wish to call Crisis Intervention of Houston, Inc. at **(713) HOTLINE OR (713) 468-5463**.

If you are in crisis or have a life-threatening emergency, call **911** or go to your nearest emergency room immediately.

ACKNOWLEDGEMENT INITIALS _____

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FEES AND PAYMENT POLICY: If I am a provider for your insurance company or Employee Assistance Program (EAP), I will be pleased to accept your insurance and file your claims for you, in which case you authorize payment be made directly to me. Your plan may require diagnostic and treatment plan information to be released to them before they will authorize payment. If you request that I accept your insurance or EAP benefits, I am obligated to comply with their requests for information.

If your insurance company or EAP happens to be one with which I am not contracted, known as “out-of-network”, I will provide receipts so you can submit claims to them. Please understand that you may or may not receive reimbursement.

If you do not have insurance or EAP coverage, or if you decide not to use those benefits, the initial evaluation and assessment session is **\$125**, and each follow-up session is **\$100**, payable when services are rendered. Under limited circumstances, special payment arrangements may be available.

Payment for services may be made in cash, by personal check, or major credit card. There is a **\$25** service charge for returned checks.

Insurance deductibles, co-payments, and co-insurance are your responsibility as is any balance of your account if your insurance company denies payment for any reason -- **you are ultimately responsible for payment of your account regardless of your insurance status**. I reserve the right to pursue collection of unpaid amounts using the services of a collection agency.

ACKNOWLEDGEMENT INITIALS _____

CONFIDENTIALITY: You have a legal and professional right to confidentiality of what we discuss in our sessions, and even to the fact that you are in therapy with me. I am required by federal law to safeguard that confidentiality. Except in certain situations, information will not be released to anyone without your written authorization. The major exceptions to confidentiality are issues involving child or elder abuse or neglect, threatened harm to self or others, mandated court orders, requests by parent(s) of minor client(s), and third party insurance information requirements. This information is explained in further detail in my **Notice of Privacy Practices (NPP)** which you hereby acknowledge that you have been provided.

ACKNOWLEDGEMENT INITIALS _____

I confirm that my therapist has discussed the above information with me. My signature below indicates my understanding of, and my agreement to accept, these policies and procedures.

Client or Client Representative Signature Initials Date