

# Family and Couple Therapy Services, Inc.

2018 Rock Spring Road, Suite A6, Forest Hill, MD 21050

Office (410) 838-2493 FAX (410) 838-2597 Email factsinc@zoominternet.net

## Welcome to Family and Couple Therapy Services, Inc.

We are pleased that you decided to come to us for therapy. The following information is designed to help you know what you can expect from Family and Couple Therapy Services, Inc. Family, Couple, or Individual therapy is a very personal shared interaction between client and therapist. In order for therapy to be effective, the individual needs to cooperate with the therapist. The therapist, alone, does not possess the ability to change your life or fix your problems. Resolution will only come through consistent effort on your part. It is your right to request clarification or information about your therapist's background, qualifications, or methods. You are not obligated to complete a specified number of sessions.

## Therapeutic Approach

We believe in a five pronged understanding of who you are today. [Gender, Family of Origin, Personality, Major Life Events, and Faith] At the core of these prongs is a life centering purpose that is simply called Solution Focused Choices. Therapy is most effective when you work on your issues and concerns between appointments. How can you do that? Sometimes, it is helpful to keep a journal of how you are thinking, feeling, and behaviors that are changing as a result of your work in therapy. Your journal provides a record of how choices have impacted your problem and your family. We will also be giving you, from time to time, homework to aid in your therapy. It is very important that you complete the homework prior to your next visit. It is also very important that you do not wait until the *last minute* to complete the task.

***Under normal circumstances*** everything you discuss with your therapist will be held in strict confidence. However, you should be aware that there are some situations in which your therapist may be required by law to report information to the proper authorities without your permission or knowledge. **These situations include, but may not be limited to:**

**(1) a client's indications of bodily harm to others, (2) involvement in a felony, (3) immediate suicidal intentions, (4) reasonable evidence of child or elder abuse or neglect and (5) when a client's family member(s) communicates that the client has communicated you are a danger to yourself or others.**

Your therapist may also disclose information, if ordered by a Judge to do so, in response to a subpoena issued by a court of law. These occurrences are rare and should not prevent you or your family from seeking therapy.

You are free to discontinue therapy at any time. Most people remain in therapy until they feel they have learned better methods of thinking, feeling, and/or acting regarding their difficulties. Rarely, your therapist may elect to discontinue therapy with you. This usually happens when he or she feels no substantial progress is being made or other factors are interfering with their ability to help you. If therapy ends prematurely, we will give you a list of other qualified therapist/counselors.

**Policies You Must Read and Give Your Signature of Acceptance:**

- **PER HOUR CHARGE:** The cost for therapy is \$125.00 per session. Sessions are payable on each visit. We are in network and accept many Insurance Carriers payments for outpatient therapy.
- **CO-PAYS:** All co-pays, if known, are due at the time of your visit. (\$20.00 Minimum if unknown)
- **INSURANCE CARD:** You must present a current active insurance card at the time of your visit.
- **LAPSED INSURANCE:** If your insurance lapses or you do not have active coverage, you are responsible for all charges incurred while you are without insurance.
- **FAILURE TO BILL:** It is against federal law and considered billing fraud if we do not bill clients for the balance due after an insurance company has paid.
- **SELF PAY:** Self-pay clients must pay at the time of service. If there are extenuating circumstances, please speak with the Office/Billing Manager about payment arrangements.
- **MISSED APPOINTMENTS:** If you miss three or more appointments without advance notice, you will receive a certified letter releasing you from this practice. You will be billed as outlined below.
- **FAILURE TO CANCEL APPOINTMENT:** Because the demand for therapy is so great, we take very seriously our responsibility to be good stewards of our time and resources. We ask that you give us at least a 24 hour notice of your intention to cancel any therapy appointment. ***Failure to show, without notice, or same-day cancellations will result in a \$65.00 cancellation fee.*** This is not covered by Insurance. We maintain a 24 hour (date and time) answering voice-mail (410-838-2493) in case an appointment must be broken. **We do not make reminder calls.**
- **RETURNED CHECK FEES:** If your payment check, made payable to Family and Couple Therapy Services, Inc. or FACTS Inc. or the named Therapist, is returned for any reason by your financial institution you will be charged a \$25.00 fee for each item returned.
- **DEPOSITION OR COURT APPEARANCE:** If a Therapist from Family and Couple Therapy Services, Inc. (a private practice) is required to appear in a legal proceeding for a current or former client there will be a \$375.00 minimum scheduling fee which is payable *at the time* the subpoena is delivered. If the fee is not paid at that time, arrangements for payment are the duty of the party requesting the appearance and must be rendered prior to any appearance. The fee is due whether or not the Therapist is actually called on to testify that day. ***The fee is due even if the appearance is canceled by anyone other than the Therapist for any reason and at any time.*** Further required attendances by the Therapist will be charged at additional daily rates under the same conditions. These terms are not negotiable. A \$125.00 fee is assessed for every hour, or portion of an hour, of the Therapist's time away from the office located at 2018 Rock Spring Road, Forest Hill, Maryland 21050. *The Therapist has cancelled regularly scheduled appointments in order to serve you or your family needs in court. If you, your attorney, or the hearing official has canceled the scheduled Therapist court appearance it is too late for the Therapist to reschedule their client hours. This charge is not covered by Insurance.*

**PLEASE, IF YOU ARE UNCERTAIN ABOUT ANY PART OF THIS  
DOCUMENT  
TALK WITH YOUR THERAPIST.**

**YOUR SIGNATURE ATTESTS TO YOUR UNDERSTANDING OF THIS  
DOCUMENT.**

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His/Her  
Signature  
Therapist  
Signature

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His/Her/Parent/Guardian Signature

Today's Date

**Office (410) 838-2493**

**Fax (410) 838-2597**

**General Email: [factsinc@zoominternet.net](mailto:factsinc@zoominternet.net)**

**Website:**

**[WWW.FAMILYANDCOUPLE.COM](http://WWW.FAMILYANDCOUPLE.COM)**

This information is required by the Board of Professional Counselors and Therapists which regulates all Licensed Clinical Marriage and Family Therapists (LCMFT/LGMFT). It also regulates all Licensed Clinical Professional Counselors (LCPC/LGPC). Department of Health and Mental Hygiene - Board of Professional Counselors and Therapists - 4201 Patterson Ave. Baltimore, Maryland 21215-2299 - (410)764-4732.