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Certified Anger Resolution Therapist

## **CLIENT INFORMATION ON OFFICE POLICIES AND PROCEDURES**

Welcome to Sardelich Counseling. The information below is intended to inform you about office policies and procedures. Because your relationship with your therapist is based on confidence and trust, it is important that you be fully informed of some of the key elements of that relationship. Though the following list may be daunting, please be assured I will be happy to discuss these issues in detail so that you may feel comfortable with them. This form also serves to document that these issues have been addressed. I will provide a copy for you to keep if you request. Please ask for clarification on any of the information contained in this document.

I graduated with my Master's degree from University of Houston Clear Lake in 1989. I was accepted into the Marriage and Family Therapy Program there and at the time, it was the State's model program. The requirements for two-way mirror training was what made the program rate so highly. In 1990 I started my own private practice once I obtained my license. I have a License as a Professional Counselor and as a Licensed Marriage and Family Therapist.

**Emergencies:** The office number is 979-848-0766. If you have an emergency that line will give you my cellular number 979-481-1855. If you must call my cellular number please note, you will be charged at the hourly rate of \$150 in 15 minute increments. Do go to the nearest emergency room in a life threatening emergency.

**Insurance authorization:** It is the client's responsibility to obtain authorization from their insurance company. The client should find out what their insurance coverage provides for mental health benefits, their copay amounts, and if there is a deductible that must be satisfied. You must have your card with you when you come to the appointment. You will be expected to pay at the time of your visit.

**Goals of Therapy:** Goals of treatment will be developed in discussion between Liz Sardelich and the client/family. Therapy is a joint effort between the therapist and the client, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort and other life circumstances such as interactions with family, friends and other associates.

**Risk of Treatment:** Talking about problems can sometimes make you become more anxious and/or depressed. However, this feeling tends to decrease as you become more familiar with your therapist. Only a minority feel their condition worsened as a result of treatment.

**Length of Treatment:** The length of treatment will be determined in discussion between Liz and you. You may withdraw from treatment at any time. If you elect to stop therapy, Liz will provide you with names of other practitioners with whom you may want to continue treatment.

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**Appointment Times:** Appointment times are limited. Each session is 55 minutes unless you request 2 sessions instead. Office hours are 8am with the last appointment time offered at 4pm. Insurance companies usually will only pay for one session at a time. However, if you request more time, you may pay out of pocket. If in the event you are unable to keep your appointment, call and give 48 hours' notice in advance. **Since your appointment time is reserved for you, appointments not cancelled with at least 24 hours' notice will be charged to you at the regular hourly rate of \$150.**

**Payment:** Payment is due at the time services are rendered. There is a \$25 charge on all returned checks. Do understand that if your insurance company fails to pay, you are responsible for the unpaid balance. For clients who do not have insurance, you can receive a discount by paying for 3 or more visits up front. My normal rate is \$150 per session. Prepayment discounts are as follows:

**3 visits: \$400 save \$50**

**5 visits: \$650 save \$100**

**10 visits: \$1200.00 save \$300**

I understand there will be **no refunds** on any prepaid visits. They have no expiration.

**Refunds:** There will be no refunds issued. The only exception would be after insurance has paid for your appointments, and it is discovered that you have overpaid your share of the coinsurance. If this is the case, the over-payment can be refunded to you, or applied to future payments.

**Confidentiality:** The information you provide to Liz Sardelich, and to those under her supervision is confidential and will only be released to others with your written consent. Liz will not fax information to anyone due to the possible risk of others seeing information without your approval. By law, Liz is required to disclose confidential information even without your consent in certain circumstances. These circumstances include but are not limited to the following: if you are a danger to yourself or others, if you are a minor, elderly, or have a disability and it is believed that you are a victim of abuse; if you report to Liz that a previous helping professional engaged in a sexual relationship; if you file suit against the therapist for breach of duty; and if a court order or other legal proceeding or statute requires disclosure. If you choose to file insurance or work with managed care company, information regarding your treatment must be provided to the insurance company or managed Care Company, and Liz has no control over how the information may be used. High security clearance jobs and health insurance could be denied when using mental health benefits. Liz has no control over how information may be used. You have the opportunity to discuss with Liz any questions you may have on the limits of confidentiality.

**Court Appearances:** Client[s] understand that the therapist does not accept cases involving child custody issues requiring him/her to testify or otherwise get involved with attorneys during civil litigation or other legal or administrative proceedings. Client[s] agree not to subpoena therapy records for a deposition or ask the therapist to testify in a legal proceeding brought by any party, either during the therapeutic relationship or thereafter. In the event that the therapist's testimony is compelled by subpoena or other court order, Client[s] agree that the following conditions must be complied with:

1. The therapist will require one (1) weeks' notice in order to clear his/her calendar.

2. Time will be billed at the rate of \$300.00 per hour and must be paid in increments of eight (8) hours for each day therapist is scheduled to appear at any legal proceeding.
3. If the legal proceeding is cancelled, full payment as previously stated will apply unless notice of at least 48 hours is provided to the therapist.
4. Payment must be received in full, at least one (1) week prior to the scheduled court appearance or other legal or administrative proceeding.

**Court Ordered Therapy:** Payments must be made in full as mandated by the court. Compliance or non-compliance will be all that will be reported when completed. You must arrive on time for your appointments. If you are late, please note that only 10 minutes will be allowed. If you are more than 10 minutes late, you will have to reschedule and be charged for the visit.

**Consent for Treatment:** I have read and understand this *Client Information and Office Policies and Procedures* and consent to treatment. I recognize that I have the opportunity to discuss any questions I may have with Liz Sardelich.