# **JAN BEAUREGARD, Ph.D., LLC**

 **LPC License # 0701003159**

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## Policy and Fee Information 2021

**\*\* Please read carefully and initial at the end of each paragraph. Please also sign and date the last page.**

### Confidentiality

 Everything discussed in session is strictly confidential. I will disclose information about your treatment to others only with your written authorization (release of information form). The only exceptions to this are suspected child abuse or neglect, the expressed intention to harm yourself or others, or a court order. Confidentiality and the above exceptions are determined by federal and state laws and by the ethical practices outlined by the professional licensing board. In the case of marriage counseling, should one of the couple give information without the other present, I reserve the right to use my professional judgment regarding confidentiality between the two involved. If you terminate your release, IPI reserves the right to continue coordination of care with others for 1 week after the date of termination of your release.

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### Sessions

 Each session is scheduled for 50 minutes. Please be respectful of the time and ask for a 5 or 10 minute warning if you have difficulty managing the ending of our sessions. If you must cancel a session, kindly do so a minimum **of 48 business hours (M-F)** in advance of the appointment time.

For example, if your appointment is Wednesday at 1 PM, you may cancel any time up to 1 PM on Monday without a charge. If your appointment is on Monday at 9 AM, you must cancel by 9 AM on Thursday to avoid a charge for this session. A full session fee will be charged for *any* missed appointment without **48 business** hours notice. On occasion, I may be able to move your appointment to another time during the same business week (M-TH). If that request is accommodated you will only be billed one time. Please note that it is unusual for me to have any openings last minute as I am often booked several weeks in advance. I am also able to accommodate a phone or zoom session during our appointment time if you are unable to get into the office for some reason (inclement weather, time constraint, etc**.). During this time of Covid, I can not guarantee an in-person session so when you make an appointment with me it is for that time slot, not the type of session format.**

 IPI considers all reasons for missing an appointment valid but can not make exceptions to this business policy for individual cases. You may "reschedule" a late cancellation for a different week, but that *does not* waive any fee for a late cancellation charge. Please be mindful of time as sessions are 50 minutes and it is necessary for me to end on time so that I can attend to self- care and phone calls between sessions. This cancellation policy is standard practice for most PhD therapists in VA, MD and the District of Columbia.

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**Please do not leave children under the age of 10 unsupervised in the waiting room or expect young children to sit in on your session. If you bring young children to the office I will not be able to meet with you and you will be billed according to this contract.** *This time is for you and should be free from distraction*. *Please do not bring pets or bicycles into the office.* Cell phones are prohibited from use in the waiting area. \_\_\_\_\_\_\_\_\_\_

### Telephone Calls

I do not charge for **brief** telephone conversations to schedule, change or confirm appointments. I will return telephone calls between 9 AM and 6 PM. Evening and weekend calls will be returned as soon as I am available. In your message, please be sure to leave your telephone numbers and the date and time of your call as well as when you can be reached. If you have an emergency and can not wait for my return call, go to your nearest emergency room or call your local community services board emergency number. I will do telephone sessions in emergencies at the rate of $95.00 per half hour if I am available. When I am out of town, there will be a therapist covering for me and this information will be left on my voicemail. If you need telephone time with the therapist on call, you will be billed for this time at the rate the therapist normally charges for his/her time. The minimum amount of billing time is in 15 minute intervals. *Please refrain from using cellular phones in the waiting area of this office.*

*\_\_\_\_\_\_\_\_\_\_*

 *If you have obtained my cell phone number, please delete it from your address book. Please use my business phone 703 385 9667 Ext. 1 for all correspondence Please do not text message my cell phone as I can not protect client confidentiality and it is not HIPPA compliant. \_\_\_\_\_\_\_*

**Electronic Communication**

*I may occasionally use email to send you a book recommendation or handout but I do not regularly correspond with clients on line as it is not a secure system***.** Please do not write therapy related emails as these are not HIPPA compliant and I can not protect their confidentiality. Please DO NOT use email to cancel appointments as I do not check it consistently and it is not considered a valid way to cancel appointments according to this contract. My business email address is as follows**: Drjan@ipivirginia.com** \_\_\_\_\_\_\_\_\_\_

Letters and Reports

 IPI has 5-7 business days to complete all requests for letters and correspondence to coordinate care with those indicated on your release forms. You will be billed at the regular hourly rate for all documents produced. \_\_\_\_\_\_\_\_\_\_\_\_\_

### Fees

 Beginning November 1st , 2020 the fee for a 50 minute session will be $ \_\_\_\_\_\_ and a 80 minute group session will be $\_\_\_\_\_\_. You may book a longer 80-minute session for $\_\_\_\_\_\_. Initial assessment fees vary from $260.00 - $325.00 depending on length of the first session. As group membership is limited, you will be charged per session regardless of attendance. I ask that you pay in full at the end of each session. Electronic checks from your bank are also acceptable forms of payment if these checks are sent in a timely manner. Checks should be made out to **IPI.** Payments are due on the day the service is provided. If a personal check does not clear the bank, there is a $35.00 charge for this bounced check. I do not do weekly billing but will provide a statement of your account on a monthly basis if requested. Each statement will contain complete information for insurance reimbursement. If for any reason I must use legal means to obtain fees for services provided, you agree by signing this policy to pay for all legal fees involved in this matter. \_\_\_\_\_\_

**Soberlink**

 If you use Soberlink and wish me to monitor this account, you will be billed a monthly charge of $70.00 for management of your Soberlink account . Checks are payable at the end of each month and may not be insurance reimbursable. \_\_\_\_\_\_\_\_\_

**Consultation**

On occasion, IPI will consult with experts in the field if necessary, to ensure that your case is managed in the way that best supports the most positive outcome for your treatment. IPI will restrict access to all personal data to completely protect client confidentiality in such cases where a consultation is deemed necessary.

**Zoom Tele-Health**

Beginning in March of 2020, most therapy sessions have moved to zoom or telephone due to the COVID19 pandemic. Some in-person sessions might be available depending on the status of the pandemic in our region. Should an in-person session take place, there is a separate form you must sign related to guidelines for office visits.

### Note

Each therapist at this location is an independent practitioner who is solely responsible for their own clinical work. I have read the information above and agree to comply with all points of this contract and understand any failure to do so could result in the termination of our therapy. I have also been given a copy of this policy statement.

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Signature of client/guardian/responsible party Date

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Witnessed by Jan Beauregard, Ph.D. Date