

LISA A. FIRULLO, M.ED., LCMHC
704-763-0434

Office and Financial Policies

Please take a moment to read the following information. Your signature at the end indicates you have read and understand my office policies and that you agree to these policies and procedures

- Appointments may be scheduled by calling 704.763.0434. If you are unable to reach me, please leave a voice mail and I will return your call as soon as possible. Most appointments are 50 minutes in length.
- Confidentiality and privileged communication remain the rights of all clients of professional counselors according to law. However, there are limits to such communication some of which are mandated by state and law. There are certain exceptions to confidentiality in state law. If exceptions such as the following apply in a client's case, I may be required to report information without your consent. These exceptions include, but are not necessarily limited to: **Cases involving a threat to yourself or others, cases involving serious offenses such as sexual abuse, child or elder abuse (physical or sexual), or threat to the welfare and safety of yourself or others and cases involving legal action or if court order is received.**
- If you wish not to use your insurance, self-pay rates are \$125 for an initial session and \$115 for subsequent sessions. Payment/co-pay is due at the time services are rendered.
- I accept cash and personal checks, debit or credit cards.
- I will charge \$35 for any bounced check.
- If you have insurance coverage, I will file the claim for you with the companies for which I am a provider. You are responsible for the co-pay at each session. You are responsible for all fees not paid by your insurance immediately. Your insurance does not guarantee payment. The amount owed by you may change once processed by your insurance. I file insurance as a courtesy for you and you are ultimately responsible for your bill. At the time of service, deductible, co-payments, and/or your percentage of fees are due. Any balance due once your insurance company processes your claim is due BY YOU immediately. You will be billed based upon your presentation of current insurance at the time of each visit. I will not back bill. It is your responsibility to inform me if any insurance changes occurred at your session. I reserve the right to deny service based on your current insurance or financial situation. **ALL FEES ARE DUE AT THE TIME OF SERVICE**
- In the event that a client fails to honor, after reasonable efforts to collect; his/her debt, I may place the account in the hands of an agency or attorney for collections and legal action. This will necessitate the release of pertinent demographic information as well as accounting information. No therapeutic information will be released.
- If there are any legal or other matters related to you including but not limited to; Subpoenas, depositions, court appearance, forms, etc., you agree to pay \$500 deposit prior to involvement. My rate is \$250 per hour for any time I spend on matters related to you including, but not limited to, reviewing, phone calls, travel time, court appearance, etc. If I am scheduled, subpoenaed or required for any reason to work on matters concerning you or behalf and you cancel the time booked with less than one week notice you agree to pay \$250 per hour for the time I am booked.
- If I choose to complete forms, letters, reports, insurance correspondence, attorney or legal correspondence/involvement, etc., are subject to an administrative charge and usually require an administrative visit and fee to complete. If I choose to do any forms, my policy is to complete the forms within 30 days.

I, _____, hereby agree to and understand the practice policies as stated above. I authorize the release of medical or other information necessary to process health insurance claims.

Signature _____ Date _____