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Counseling & Psychotherapy
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Welcome to my office. As a licensed Marriage and Family Therapist I am governed by various laws and regulations and by the code of ethics of my profession. The Ethics Code requires that I make you aware of specific office policies and how these procedures may affect you.

Limits of Confidentiality: Sessions between psychotherapist and patient are strictly confidential, except under certain legally defined situations involving threats of harm to self or others, and situations of child abuse, elder abuse, or abuse of otherwise dependent individuals. In the case of danger to others, I am required by law to notify the police and to inform any intended victim(s). In the case of harm to self, I am ethically bound to inform the nearest relative, significant other, or to otherwise enlist methods to prevent harm to self or suicide. In instances of child abuse, elder abuse, or dependent abuse, I must notify the proper authorities.

Payment & Fees: It is customary to pay for sessions at the time of the session, unless otherwise arranged. Please have payment ready before the session begins. Payments must be in full. Fees are subject to increase. Acceptable forms of payment are cash, check, Visa, Master Card, Debit Card, American Express, and Discover Card. Credit card charges will appear as "The Means Group" on your statement.

Insurance: I will be pleased to provide a monthly "superbill"/invoice for you to submit to your insurance provider. Please understand that your insurance is an arrangement made between your carrier and yourself with reimbursement coming to you whenever provided by your insurer. **There will be a \$25 fee for filling out of medical forms at the time of patient request.**

Telephone Accessibility & Emergency Procedures: I will return calls during my scheduled business hours should you need to contact me between sessions. I can not guarantee an immediate return call, although every effort will be made to return calls within a reasonable amount of time. If it is a true, life threatening emergency, call 911 for help or go to your nearest hospital. In the event of a phone call beyond 10 minutes, you will be charged for that session at the hourly fee.

Appointments & Cancellation Policy: Sessions are 50 minutes long. If you need to cancel or reschedule an appointment, you must notify me at least 24 hours in advance, so that I might fill the hour. **If there is NOT a 24 hour notice, you will still be charged.** A time a slot has been reserved and committed held exclusively for you.

Patient Rights: Our relationship is strictly voluntary and you may leave the psychotherapy relationship any time you wish. Please keep in mind that ending relationships can be difficult and closure is very important when moving on. Given this, I request that you give at minimum two weeks notice so we can conclude with a healthy and positive note.

_____ **I have read and/or received** a copy of the latest guidelines related to disclosure and privacy
(initial) of my **PROTECTED HEALTH INFORMATION (PHI).**

I have read, understood, and agree to the conditions stated above:

Signature

Date

Signature

Date

Signature of parent/guardian if patient is minor

Date