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Policy and Fee Information, and Informed Consent

Entering into Counseling: Welcome to my private practice; I am honored to work with you. You can expect a collaborative counseling relationship, governed by respect and strict adherence to professional ethics and standards. I encourage you to ask questions and suggest ways that I can better support you as we enter into this counseling relationship. Participating in counseling can have risks and benefits. When you talk about unpleasant or even pleasant aspects of your life, you may experience uncomfortable thoughts and feelings. Hopefully our work together will help to minimize your overall distress, you will gain insight, and learn more effective coping skills and problem-solving strategies, which will open up new possibilities for personal growth and change. If during our work together I decide that I am not able to help you reach your counseling goals, I will talk with you about my concerns and possibly develop a plan for terminating our work together and referring you to another counselor.

Confidentiality: Our counseling relationship, as well as the storage and disposal of records, will be kept confidential within legal and ethical limitations. Professional ethics practices outlined by the professional licensing board, federal and state law, insurance, and managed care companies require me to maintain clinical records and to safeguard them. Your clear consent, generally signed and written, is necessary for me to discuss your case or to release records. If you would like me to confer with another healthcare professional, you will need to sign a “release of information” form. This permission can be revoked by you at any time.

I may find it helpful to consult with other mental health professionals about your case in my peer supervision group. During a consultation, I will make every effort to protect your identity. At times I may have to make disclosures to your health insurance company to verify your insurance benefits and to file claims. In addition, I am required to provide a clinical diagnosis, dates of treatment, and services provided to your health insurance company. By signing this agreement, you agree that I can provide requested information to your insurance carrier.

Everything discussed in our sessions is strictly confidential. Information may be released without your written consent in the following circumstances:

1. You indicate that there is a serious danger of hurting yourself or harming another identified victim.
2. If I suspect or have been informed that child abuse or neglect has occurred, I will file a report with Child Protective Services. If I suspect or have been informed that abuse or neglect of an elderly or disabled adult has occurred, I will file a report with Adult Protective Services.

3. You are under the age of 16 and have been sexually or physically abused, raped, or the victim of another crime.
4. The information is ordered by a court subpoena or parole officer.
5. You require hospitalization.

If I am working with family members who are present in sessions with me, or when working with partners in couples therapy, information shared with me by one family member is not necessarily kept confidential from others in treatment unless so discussed and specified.

Services and Fees: Our individual counseling sessions will generally last for 55-60 minutes unless otherwise arranged. The cost for a 55-minute individual psychotherapy session is \$145. The cost for an 85-90-minute counseling session, which can be helpful for couples counseling sessions and for sessions using EMDR, is \$200. While there is not a charge for check-in by phone, there is a charge for extended telephone consultations at my discretion. Payment will be collected at the end of each session, and you may pay by cash, check, or credit card. Checks should be made payable to Benta A. Sims, LPC. Receipts will be provided upon request.

The \$145 hourly fee is applied to other professional services such as consultations with other professionals (when requested and authorized by you), writing reports, preparation of records and treatment summaries. If you become involved in legal proceedings that require my participation, even if I am called to testify by another party, you agree to pay for all of my professional time, including preparation and transportation.

You have a right to receive copies of your client record and psychotherapy notes. The fee for a copy of your client record is \$40.

Health Insurance Plan Participation: Because of the time and energy it takes me as a solo practitioner to work with the health insurance companies, and my desire to be able to have more flexibility to use my own clinical judgment as to length of my therapy sessions and treatment planning, **beginning on January 1, 2017, I became an out-of-network provider and you will be responsible for paying me up front the full cost of our psychotherapy sessions and submitting on your own the invoice to your own health insurance plan for reimbursement.** Many insurance plans provide out-of-network coverage for outpatient psychotherapy. Please review your specific plan and call the member services phone number on your insurance card to determine your benefits (e.g., coverage for psychotherapy, coverage for an out-of-network provider, the amount of your deductible, and the number of visits authorized per calendar year for mental health therapy). I will provide you with a monthly statement of services provided and fees paid, which you may then submit to your health insurance plan for possible reimbursement.

No-Show and Cancellation Policy: Your appointment is reserved exclusively for you. Please notify me as soon as possible if you do not expect to attend your appointment. I require a 24-hour notice of cancellation. **Appointments missed or cancelled with less than 24 hours notice will be charged for the full session fee of \$145.** Please note that health insurance companies do not reimburse for missed sessions and you are responsible for the full fee for that missed session. Appointments cancelled prior to the 24-hour period will be rescheduled without penalty.

Contacting Me - Telephone and Email Procedures: I monitor my voicemail several times a day on weekdays, and also on weekends and holidays. If you need to contact me between sessions, please leave me a confidential voicemail message and I will respond as quickly as possible. You may also communicate with me via email or text message; however, please note that I use email and text message communication for appointment scheduling and not for longer personal discussions.

Emergencies: If you experience a mental health emergency, please call 911, or go to your nearest hospital emergency room. You may leave me a voicemail message informing me that you are doing this if you wish. Do not use email to inform me of an emergency. In the event of a planned extended absence (e.g., vacation), I may arrange backup clinical coverage.



I look forward to working with you and I hope that you find our professional relationship to be supportive and enriching. Please feel free to discuss any questions or concerns you have with me at any time during our counseling sessions and professional relationship.

I am licensed by the Virginia Board of Counseling. Their website address is www.dhp.virginia.gov/counseling and their phone number is 1-800-533-1560.

Your signature below indicates that you have read, understood, had the opportunity to ask questions, and you agree to the above conditions and policies.

Client Name: _____

Client and/or Legal Guardian Signature: _____

Date: _____