



Policies and Procedures

Welcome to Cambron Counseling! Productive therapy is formed from good working relationships, and requires mutual understanding. It is the mutual interest of both my clients and myself to convey to you the policies and procedures I use in my practice. Please take the time to read the following information in order to begin our work together. If you have any questions or concerns, please discuss them with me.

CONFIDENTIALITY: Discussions between a therapist and a client are generally confidential. I take your privacy seriously and will not violate legal or professional standards of confidentiality. Your information will not be released without your written consent, unless mandated by law. Possible exceptions to confidentiality include but are not limited to the following situations:

- child, elderly or disabled abuse
- court ordered records
- sexual exploitation
- if you express intent to harm yourself or someone else, I may have to violate confidentiality to ensure safety

FEES/PAYMENTS: Payment for service is due at the time of service. My fees for services are as follows:

Individual Therapy – \$100-\$125 *(45-60 minute session)*
Pre-Teen/Teen Psycho-Skills Based Therapy - \$150 *(90 minute session)*
Couples and Family Therapy – \$100-\$125 *(45-60 minute session)*
Nutritional Therapy- \$100-\$125 *(45-60 minute session)*
EMDR - \$100-\$125 *(45-60 minute session)*

- There will be a \$25.00 administrative fee assessed for returned checks.
- Accounts overdue by more than 60 days may be referred to a collection agency.

MISSED APPOINTMENTS/CANCELLATIONS: There is no charge for cancellation of an appointment if notice is given 24 hours in advance. Since a time is reserved for you, any appointment canceled with less than 24-hour notice will be subject to the following fees:

- **Late Cancel Fee:** \$60 – If notice is given with less than 24 hours, a Late Cancellation charge of \$60 will apply. This charge reflects the fact that, while giving me some notice frees me to do other things during the meeting time (paperwork, phone calls, etc.), I can't realistically make the time available to another client on such short notice.



●**No Show Policy:** Billed at full cost of session. -If you miss an appointment without giving any prior notice at all, you will be charged the full fee for the session. Exceptions, for emergencies only, are rare and made at my discretion.

CREDIT CARD PAYMENTS: Your credit card will be processed through my secure software and will be maintained on file until it is changed or deleted. Balances due will be charged to the card on file.

INSURANCE: Insurance Providers (when applicable) and other third-party payers are given information that they request regarding services to clients. The in-network insurance providers that Cambron Counseling is credentialed with include: **Blue Cross/Blue Shield and Cigna**. Out-of-network benefits and self-pay are also accepted. It is necessary that you check with your insurance company to review the schedule of benefits and whether a co-payment or deductible applies. Services are under “Mental Health Benefits”. Please call if you have any questions regarding your specific insurance plans. If paying with insurance, the patient/guardian is solely responsible for any uncovered costs or insurance denial of claims. Insurance does not cover canceled/no-show appointments, and individual will be 100% responsible for charges accrued. Even if paying with insurance, **credit card must be kept on file**. Individual will be held responsible for unpaid claims, and any additional incurred fees, and charged accordingly. Additionally, if the Patient begins therapy as a “self-pay” client, it is up to them to inform the therapist if their status changes.

COMMUNICATION: The most secure way to communicate with me is through my confidential voicemail. If you leave me a message, I will return your call as soon as I am able, always within 24 hours. Communication by email and text is not secure and does not guarantee protection of your private health information. Text messaging is not secure. If you choose to text me, I will respond minimally with the understanding that I cannot guarantee your privacy in text messages.

COURT: I do not appear/testify in court cases. I may (at my discretion) provide a documented letter on a patient’s behalf. Flat rate of \$150.00.

RECORDS CHARGE: Requested records are charged at a flat rate of \$25.00.

INFORMED CONSENT: I will use therapy methods that are generally acceptable practices. The specific approach and techniques used in your therapy will be chosen to best meet your particular needs and situation. Feel free to ask me any questions you have about treatment methods, alternative techniques that would be available, and the risks and benefits of therapy approaches.

●**NUTRITIONAL THERAPY-**Tarah is certified as a Nutritionist through ISSA (International Sports Sciences Association). Tarah’s role as a Certified Nutritionist is to provide guidance and make recommendations for improved mental and physical health. Nutritional Therapy is not a substitute for regular healthcare regarding medical conditions and needs. Tarah does not diagnose or treat medical diseases.

●**EMDR (Eye Movement Desensitization and Reprocessing)-**As with any treatment approach, there are benefits and risks. If this is the treatment you are receiving, you must review and sign the EMDR

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consent indicating you understand the intervention. In addition, different results are obtained for each patient and Tarah can not be held liable if your desired outcome is not achieved.

DISCLAIMERS:

Psychotherapy Disclaimer: Mental health treatment is tailored to each patient and their needs, and results vary depending on the individual, nature of their difficulties, readiness for change, and their desired goals. Treatment effectiveness varies from person to person. As with any treatment, there are benefits and risks of participating in therapy. Some of these risks include, but are not limited to: emotional strain, increased stress, lack of progress, or impacted relationships. Cambron Counseling cannot be held liable for unachieved expectations or outcomes.

Health Disclaimer: Regular exercise is not always without risk, even for healthy individuals. Certain types of exercise are riskier than others and all exercise is risky for some individuals. This is the same with diet. Some dietary recommendations are healthy for the majority of people, but potentially dangerous to others. You are responsible for your own health and safety at all times. As such, by participating in Nutritional Therapy, you are agreeing that you have been assessed by a qualified medical professional who has cleared you for dietary changes and physical activity. Cambron Counseling cannot be held liable for unachieved expectations or outcomes.

RELATIONSHIP: Your relationship with the therapist is a professional and therapeutic relationship. In order to preserve this relationship, it is imperative that the therapist not have any other type of relationship with you. Personal and/or business relationships undermine the effectiveness of the therapeutic relationship. The therapist cares about helping you but is not in a position to be your friend or to have a social or personal relationship with you. Gifts, bartering, and trading services are not appropriate and should not be shared between you and the therapist.

RELEASE OF INFORMATION: I require releases to be signed before any information regarding a client is released whether verbally or written from my office to any physician, school personnel, etc.

EMERGENCIES: For after hours' emergencies, call 911 (or) Crisis Intervention (832) 416-1177, or Tri County Behavioral Healthcare Crisis Line (800) 659-9994. These hotlines are available 24-hours a day and are free.

THERAPIST'S INCAPACITY OR DEATH: In the event the undersigned therapist becomes incapacitated or dies, it will become necessary for another therapist to take possession of your file and records. By signing this information and consent form, I give my consent to allowing another licensed mental health professional selected by the undersigned therapist to take possession of my file and records and provide me the copies upon request, or to deliver them to a therapist of my choice.



STATEMENT OF UNDERSTANDING OF POLICIES AND PROCEDURES: I have read the *Policies and Procedures* of Tarah Cambron, LPC with Cambron Counseling. I understand them and agree that they will be in effect throughout my (our) treatment at Cambron Counseling.

Signature of client or Parent/Guardian _____

Print Name (s) _____

Date _____

*Please keep copy of Policies and Procedures and return this page to Cambron Counseling at your first appointment.



Consent For Credit Card Processing

Cambron Counseling requires that all clients (or client's parent/guardian) have a credit card on file to be drafted automatically after each completed therapy session (if paying by credit card).

Furthermore, credit cards will be automatically drafted for any "late" or "no show" appointments. A "late" cancelation is defined as a session that was not canceled within a minimum of 24 hours prior to the scheduled appointment, and is billed at \$50.00. A "no show" appointment is defined as failing to inform the therapist if you are unable to make the scheduled appointment, or forgetting a scheduled appointment. This session will be billed at the full therapy session cost.

Insurance companies do not pay/reimburse for missed or forgotten appointment charges. Credit card on file will be billed for these appointments.

*I agree to be responsible for any missed or forgotten appointments on my behalf or for my dependents.

**My signature below provides consent for Cambron Counseling to charge my credit card for the amount of a "late" or "no show" session.

Credit Card: Visa Mastercard Discover American Express

Credit Card Number: _____

Expiration Date: _____

CVV: _____

Zip Code: _____

Signature of client or Parent/Guardian _____

Print Name (s) _____

Date _____

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