

Serenity Solutions, LLC  
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Philadelphia, PA 19103  
215-285-1084  
www.serenitysolutionstherapy.com  
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## Policies and Consent to Treatment

### **Fees and Payments:**

Payment for sessions is due at the beginning of each session. Payment can be made in the following ways:

- cash
- check
- credit or debit card via Paypal on [www.serenitysolutionstherapy.com](http://www.serenitysolutionstherapy.com) prior to your appointment

The fees are as follows:

- 45-50 minute individual session: \$120
- 90 minute group session: \$45 (Discounts are available for pre-payment of group sessions)
- Completion of forms and writing of letters for legal, employment, disability or other reasons is charged in 15-minute increments at the hourly rate of \$120 (which equals \$30 for each 15-minute increment). For example, if it takes 30 minutes to complete a form, you will be charged \$60 (2 X \$30).

There is a \$30 fee for all returned checks.

### **Insurance Reimbursement:**

I do not contract with any insurance companies. If your insurance company offers out-of-network benefits, you may be eligible to receive some reimbursement for your sessions. Please contact your insurance company to find out what steps you need to take in order to receive reimbursement. I can provide you with a monthly bill to submit with the required paperwork.

Please be advised of the following:

- Most out-of-network benefits pay only a small percentage of my fee.
- You may have to meet a deductible to be eligible for reimbursement.
- I will be required to provide a diagnosis on your bill in order for you to be eligible.

If you are applying for insurance reimbursement, you are required to pay the full fee at the time of treatment.

### **Cancellation/No-show policy:**

I require 24 hours notice if you are unable to keep an appointment. If you cancel less than 24 hours in advance, or if you do not show up for your appointment, you will be charged the full fee for the session. Cancellations must occur by telephone. Email cancellations will not be accepted.

**Confidentiality:**

A therapist’s office needs to be a safe place where you can feel comfortable sharing personal information. Therefore, I adhere to a strict confidentiality policy. I will not reveal any of your personal information to anyone without your written permission. This includes all of your personal information, including your name and any other identifying information. The only exception to this rule is in cases of safety. According to the law, I am required to ensure your safety and the safety of others and will contact hospitals, police or child or adult protective services if it is suspected that you are going to attempt suicide, attempt to kill another person or if it is suspected that a child or elderly person is being abused or neglected.

If you would like me to have contact with anyone, please let me know and we will complete a Records Release Authorization form. This includes family, friends, doctors, and employers. You will be provided with a copy of the “Notice of Privacy Practices”, which provides more specific information regarding the privacy of your records and your rights in regards to your records.

**Clinical Consultation:**

It is common practice for therapists to seek clinical consultation in order to ensure that they are doing the best work that they can. I may consult with a clinical supervisor regarding my work. In my consultations, I may discuss people that I work with. However, according to my confidentiality policy, I will not reveal any identifying information. Additionally, my clinical supervisor is bound by the same confidentiality laws that I abide by.

**Mental Health Emergencies:**

I do not provide 24-hour crisis intervention services for mental health emergencies (when you in danger of hurting yourself or someone else). In the case of a mental health emergency, you can contact the following:

- Hall-Mercer Crisis Response Center at Pennsylvania Hospital  
245 South 8th Street, Philadelphia, PA 19107  
215-829-5433
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)
- Emergency: 911

Please sign below attesting to receipt of this form and agreement with the policies described in this form.

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Signature

Date

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Staff signature

Date