



The Atrium

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## **BUCKS COUNTY ANXIETY CENTER STATEMENT OF POLICIES**

**Please read through each policy. Sign at the bottom of each policy to indicate you've read it and understand it.**

**If the patient is over the age of 18, only the patient needs to sign. If the patient is over the age of 18 but parents are paying for services, providing insurance coverage, or involved in any way, parent and patient need to sign.**

### **Psychotherapy Services:**

Working with a psychotherapist can result in several benefits. Psychotherapy and coaching require your active participation, honesty, and openness. During psychotherapy or coaching, remembering or talking about unpleasant events, feelings or thoughts can result in uncomfortable feelings such as anger, sadness, worry, fear, etc. The psychotherapist may challenge your thoughts, behaviors, assumptions, and responses. As a result, you may feel angry, scared, sad, or disappointed.

Attempting to resolve issues that brought you into therapy may result in changes in your life that you were not planning on originally. For example, you may experience changes in feelings, behaviors, employment, substance use or abuse, schooling, housing, or relationships. Sometimes, a decision that is positive for one family member is viewed negatively by another family member. Change will sometimes be quick and easy, but it is usually slow and frustrating.

Sometimes, seeing an outpatient therapist once a week is not enough to really help you if you are experiencing a very high level of anxiety or depression.

Your psychotherapist will let you know as soon as possible if you need a higher level of care and will work with a treatment center to transfer your case.

If you are struggling with another mental health condition that is impacting your life or health, we may refer you to another treatment program so that you can get a handle on that issue first. Examples include significant trauma, active cutting, active eating disorders and addictions.

There is no guarantee that psychotherapy or coaching will lead to the result you want. There are many factors involved and your psychotherapist will explain these as needed. If you have questions about the methods used by your psychotherapist, discuss them whenever they come up.

If your doubts continue, you always have the option of getting a second opinion. Every effort will be made to help you make a smooth transition if you choose to see another mental health professional.

**You will be asked to leave the practice if you do not comply with the practice policies or treat any member of our team in a way that is disrespectful. This applies to your family members as well. We reserve the right to refer you to another therapy practice if we feel we're not a good fit for you or your family.**

**\*\*Please sign indicating you understand this policy:**

## **Fees and Payments:**

### **When Payment is Due**

Payment is due at the beginning of each session and is payable by cash, check, or credit card.

Checks are to be made out to **Bucks County Anxiety Center**. There is a \$30 fee for returned checks.

We will strive to inform you of any fee changes at least two weeks in advance of a scheduled increase.

### **Other Billable Events**

Your psychotherapist may also charge for other professional services you may need (e.g., letters to schools, forms filled out) and will let you know what the fee will be before providing the service. You will not be charged for any non-therapy or non-coaching service without your knowledge or approval ahead of time.

You will be charged for between session phone calls lasting longer than 15 minutes on the following basis: 15-30 minutes: \$50; 30-45 minutes: \$100

**Fees and Payment policy continued on next page.**

## **Non-Payment**

Bucks County Anxiety Center reserves the right to close your file and terminate services for failure to meet financial obligations. In particular, be aware that:

- **You cannot carry a balance.**
- **Future sessions will not be scheduled unless all balances are paid in full.**

**If you are in crisis, your therapist will work with you to come up with an immediate plan to keep you safe.**

If your account has not been paid for more than 60 days, the practice may undertake legal means to secure payment. This may involve a collection agency or going through small claims court which will require the practice to disclose your confidential information.

**\*\*Please sign indicating you understand this policy:**

## **Meeting Times and Cancellation Policy:**

We make a commitment to one another in counseling and we expect that you will honor the commitment to meet at the agreed upon times. This commitment is important to reaching the goals we hope to achieve. Once an appointment has been scheduled, that time is reserved only for you which means we can't give it to anyone else. Unlike other doctors or providers, we do not double book a slot.

If you need to change or reschedule your appointment, please contact us as soon as you are aware of the conflict. Often, appointments can be rescheduled for the same week. This is not always possible.

**If you cancel an appointment with less than 24 hours' notice, or fail to show up, you will be charged for the appointment.**

**Phone sessions in place of in-person sessions are always available.**

We reserve the right to terminate the therapeutic relationship **if you miss 2 scheduled appointments within a 30-day time period** without first notifying, cancelling or rescheduling, in accordance with this policy.

**\*\*Please sign indicating you understand this policy:**

### **Insurance:**

We currently are not accepting any insurance plans.

We recommend that you contact your insurance carrier as soon as possible to verify whether you are able to submit receipts for reimbursement.

You will be responsible to pay all fees associated with your treatment at the time of treatment and for submitting any information to your carrier for reimbursement.

We will provide receipts for sessions that have been paid in full so that you can submit them to your insurance company.

**\*\*Please sign indicating you understand this policy:**

**Communicating with Our Office and Your Therapist:**

It is not appropriate to communicate with your therapist via text message about anything other than scheduling issues. Your therapist may give you assignments and permit communication by email. You may also leave a voicemail or email message at the office at any time; 24/7.

Calls and e-mails regarding scheduling issues will be returned during normal business hours, Monday-Friday 9-5pm.

Request for immediate response will be returned as soon as possible.

**Confidentiality of e-mail, cell phone, texts, and faxes:** We cannot guarantee the security or confidentiality of email, text or voicemail messages. If this is a concern to you, please leave only as much information necessary to convey the message.

**EMERGENCIES:**

**IN AN EMERGENCY (I.E., YOU NEED TO SPEAK WITH SOMEONE RIGHT AWAY BECAUSE YOU ARE EXPERIENCING SEVERE EMOTIONAL DISTRESS) YOU MUST GO TO THE EMERGENCY ROOM OR CALL 911**

If you are in the ER for observation and/or are admitted to a facility or program, please sign consent with the hospital or facility so that they can contact your therapist as soon as possible.

Never communicate with your therapist via email during an emergency.

**\*\*Please sign indicating you understand this policy:**

**Client Acknowledgement and Consent:**

I have read the parts of this document outlining practice policies. I understand them and agree to comply with all the policies and procedures described in this document.

Patient name: Signature:

Parent/guardian name: Signature:

Date:

