

Frances H. Herron, LPC

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Treatment Agreement and Informed Consent

Confidentiality and Limits to Confidentiality

I place a high value on the confidentiality of information clients share with me and I will make every effort to ensure that information about your case will be kept confidential. You should, however, be aware that legal and ethical requirements specify certain conditions in which it may be necessary to discuss information about your treatment with other professionals. If you have any questions about these limitations, please ask me about them before we begin treatment or at any time during our treatment. Such situations include the following:

1. If I believe there is a danger that you may harm yourself or others, or that you are incapable of caring for yourself.
2. If I become aware of your involvement in abuse of children, elderly, or disabled persons.
3. If I am ordered by a court to release your records. This sometimes happens when clients are plaintiffs in lawsuits and psychological records are subpoenaed as part of that process.
4. If your insurance company requests records in order to verify the services received and determine compensation.

Treatment Philosophy and Frequency

Briefly, my approach to treatment is best described as cognitive behavioral therapy. In essence, this means the examination of thoughts and feelings which may be causing difficulty in life and seeking ways to challenge and change these beliefs in order to effect positive and beneficial change.

The length of a typical session is 50 minutes. The number and frequency of sessions depends on the client and the nature of their concerns. Typically, I see clients for eight to ten sessions, but this can vary. By the end of eight sessions we will discuss how treatment is going and how we expect it to proceed.

Fees

Fees for services are \$180.00 for the initial counseling session (90 minutes) and \$140 per subsequent 50-minute session. Please note: **all couples counseling and co-parenting sessions are 90 minutes and cost \$180.00 per session.** This may be paid by cash, check or credit card (Visa, MasterCard, or Discover). All fees will be collected at the time services are rendered, and I will provide you with a receipt.

In addition to fees for the time I am meeting with you directly, it is also my practice to charge for telephone conversations lasting longer than ten minutes, consultations, or meetings you have

authorized as part of your treatment. I will be pleased to provide you with the details of any such costs should they become necessary.

Client Responsibilities

In order for our work together to be successful, it is essential that clients attend sessions, make a sincere effort to work on the issues we are addressing, and follow through with the elements of treatment such as things to do between sessions, readings, etc.

Once an appointment hour is scheduled, you will be expected to pay for it unless you provide 24 hours advance notice of cancellation. A session must be cancelled **no later than 24 hours in advance** or there will be a **\$50.00** charge for the scheduled appointment time and will need to be paid at the beginning of the next session. My cell phone number is 703-609-2403; it is to be used only for rescheduling or cancelling or stating that you are going to arrive late for a session. If for some reason you cannot attend a scheduled session, please call well in advance and **at least 24 hours before your appointment to avoid being charged.** If clients do not cancel appointments in sufficient time, others who could receive services are unable to do so.

Repeated failures to attend sessions or to provide adequate rescheduling notice may lead to termination of our work together.

Court Fees

Your records will not be released without a release of information form signed by the client. Per my policy, **if there is a request for my appearance in court, a charge of \$2,000 per day is payable a full two weeks in advance of the scheduled court date. These charge is non-refundable. If paying by check, it should be made payable to Frances H. Herron.**

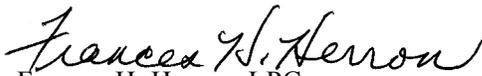
Contacting Me

Because of the nature of my work, there will be times when I am with clients and am not immediately available by telephone. If I do not answer the telephone, please leave a message and a number so I can return your call. **If it is an emergency, please call 911.**

Thank you for taking the time to read this. Please sign below to indicate you have read this and had a chance to ask any questions. You may keep a copy to refer to.

I am looking forward to our work together.

Sincerely,



Frances H. Herron, LPC
VA license # 0701003768

I have read this document, discussed it with Frances H. Herron, understand the information contained, and agree to participate in treatment under the conditions described.

Client signature

Date