

A.V.O.S. COUNSELING CENTER AND TRAINING INSTITUTE

Erica Bonham, M.A., LPC

POLICY STATEMENT

PLEASE READ AND UNDERSTAND

I am honored you have chosen to work with me for therapy. I always want to be open with you and for you to feel free to ask questions of me. This policy statement will give some basic information about what to expect from our professional relationship. Please read thoroughly and remember that you have the right to terminate therapy at any time, seek a second opinion, receive information about my methods of therapy, techniques I use, fee structure, and duration if I can determine it.

CONFIDENTIALITY

I understand and respect your need for privacy. To prevent any unauthorized disclosure of any kind, all private communications in therapy will remain private except as required by law and discussed more fully in my disclosure statement. Some exceptions to confidentiality include when one is considered to be a danger to self or another or in the case of child physical, sexual or emotional abuse or neglect. I will identify these exceptions should the situation arise during treatment or in our professional relationship. In the event information about your care is discussed with another person supervising the treatment, the supervisor will abide by the same confidentiality agreement. Different guidelines apply to couples, family, and adolescent therapy. Please inquire if you have questions. You will also be required to sign a HIPAA policy statement. By signing this policy statement, you understand that if you send a text or an email this presumes that this form of communication cannot be guaranteed to be confidential and you are releasing Erica Bonham from any unintentional liability this may incur. I will have due diligence to keep all of your information confidential.

FEES

Full payment for each session is expected at the end of the therapy session unless other arrangements have been previously arranged. The cost for a **50 minute session** is \$140 and \$210 for 80 minutes. The only insurance I bill to directly is Medicaid. I do not accept other forms of insurance, but you may be able to submit to your insurance company for reimbursement. I will provide the necessary receipts upon request, but you are responsible for submitting these to your insurance company. Please know that I cannot guarantee reimbursement. Therapy fees and treatment are based on a clinical hour so that I may review my notes and/or assessment on your behalf. Any paperwork including letters, treatment plans, speaking with outside parties or phone calls over 10 minutes are prorated at \$1.50 per minute. I accept cash, checks, Visa and MasterCard.

When you terminate therapy, you will need to make arrangements to pay off the bill, should there be one. Please be aware that if you do not pay for three months, according to our plan, I may turn you over to a collection agency or seek collection with a civil court action. Should this occur, I will provide the collection agency or Court with your Name, Address, Phone Number, and any other directory information, including dates of service or any other information requested by the collection agency or Court deemed necessary to collect the past due account. You will be charged 18% interest per year on your unpaid balance and any other appropriate fees such as collections or attorney's fees, should you default on your account. This often amounts to more than 50% of the original account. If your check bounces, an additional \$35.00 fee will be applied to your account. I cannot allow your balance to exceed \$200. If you have questions about your situation, please feel free to ask!

SCHOLARSHIPS

A.V.O.S. Counseling Center is dedicated to the value of social responsibility. We do offer scholarships to those that need them, which can come in many forms. If you need this service, talk to me. If you can pay the full fee, you are helping others to get access to mental health services. A.V.O.S. also donates to local organizations that promote mental health and advocacy.

LATE OR CANCELLED APPOINTMENTS

Please understand that if I reserve a time slot, I am taking away that slot from other clients. Please give **AT LEAST** 24 hours notice of your scheduled appointment or you will be charged **the full amount for your session**. Emergency situations will certainly be considered. I will wait 10 minutes if you are late, unless you call to tell me you are on the way. If you are more than 10 minutes late, I may not be able to see you for the full scheduled appointment. If that situation arises, you will still be billed the full fee for the session. In the event of **inclement weather**, I will do everything in my power to make it to the office. If I am able to come in, I expect that you will also be able to make your appointment. I also offer internet-based therapy as an alternative.

TERMINATION

Should you discontinue therapy for more than 60 days, your treatment will be considered "terminated," unless other arrangements have been made in writing. You may resume therapy at anytime. However, you may be required to sign another disclosure statement and policy statement and/or provide additional information to update your client records. You should also know that I may not have availability and that fees may increase. **Terminating therapy can also be a great celebration of the progress** A.V.O.S. Counseling Center and Training Institute, 8795 Ralston Rd. Arvada, CO.80002
ericabonham@gmail.com

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and work that you have done. I recommend having at least one termination session to have good closure, to practice saying healthy goodbyes and to celebrate all of the victories you have had in therapy.

TELEPHONE CONSULTATIONS

To be more available to you, we can set up phone or internet sessions through Zoom. These are conversations that last for more than 10 minutes and will be billed at your regular fee based on the quarter hour.

COURT APPEARANCES

On occasion I am requested to appear in court on behalf of my clients. The fee for this service is based on an hourly rate of \$140.00 per hour and includes, but is not limited to testimony, case research, report writing, depositions, actual testimony, cross examination time, courtroom time, and other necessary preparation. Travel time is charged at half of your regular fee.

DOCUMENT WRITING

Writing of reports and other documents are charged at \$1.50 per minute.

TELEPHONE CALLS AND EMERGENCIES

I have a voice messaging system and check it frequently. Occasionally, there are unavoidable delays in returning your call due to the nature of my work and hours, however, I will strive to return calls as soon as possible during normal business hours. If I am out of town, I will have another provider on call for emergencies only. Remember, if you need to, you can always call 911 for immediate help. I will try and return all calls within 24 hours of the next business day. Should you need emergency care, please review my disclosure statement.

EMAIL LIST AND BLOG

Please note that as a new client of A.V.O.S Counseling Center, your email will automatically be added to our email list. This can be a way for you to have resources while not in therapy and stay abreast of any changes or updates here at A.V.O.S. You can unsubscribe at any time. You may also choose to join our Facebook group for daily inspirations and resources.

PHILOSOPHY OF THERAPY

Working on your mental well-being may be the most important project you can undertake. I believe it takes time and focus to make the best use of the opportunity. Although therapy can be challenging at times, its rewards are great and worth the time, effort, and money that you expend.

Please understand that therapy is a voluntary process and can produce changes in your life, some unexpected. However, no guarantee of results is possible, since you, the client, are in charge of your well-being and choices in your life. My goal is to help you. I am willing to work as quickly or slowly as you like. Please let me know if you require a change of pace.

Please talk to me at any time you have questions regarding me, our process or any other concerns. We are a team! Let's get to work!

I have read and understand this statement of policy and agree to all contents. If I am under the age of fifteen, my parent and/or legal guardian is signing this policy statement on my behalf.

Client Signature

Date

Parent and/or Legal Guardian Signature
(if minor client)

Date

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Date

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