

Laurie A. Miles, LCSW Office Policies

Welcome to my office. The best health care is based on friendly, mutual understanding between the provider and the client. Please read these policies carefully before signing. If you have any questions please do not hesitate to bring them to my attention. I look forward to working with you.

Office Hours I see clients Monday through Friday and sessions are 45 minutes long. For appointments missed or not cancelled within a 24 hour notice the charge will be \$75.00. Appointments will not be re-scheduled until the missed appointment fee is paid. Two consecutively missed appointments could result in being discharged from care. _____ (initials)

Confidentiality Client confidentiality is respected at all levels of communication and is protected by Federal Law. However, there are indicators in which my professional and legal duty overrides the dictates of confidentiality. Briefly, these indicators are imminent danger to self or others and abuse of a child, an elder or a dependent adult. I am required by law to break confidentiality and notify the appropriate people of imminent harm in order to safeguard life. Please discuss the limits of confidentiality with me. In the event you wish to file a complaint about my services, I can provide you with the forms for the Tennessee Health Related Boards Office of Investigation. _____ (initials)

Release of Information Following the execution of a valid Release of Information, client’s records will be forwarded to a licensed mental health professional at no charge. Requests to release records to any other entity will be \$10.00 a page, payable by the client before records are released. _____ (initials)

My strong preference is that I do not either discuss cases with or release records to attorneys. I also prefer not to testify in legal proceedings. If, as a result of the client or client representative signing a Release of Information, I am required to discuss the case with an attorney, court officers (such as probation or parole) or give legal testimony in any type of legal proceedings such as (but not limited to) depositions or court testimony, or I am required to write letters, make telephone calls, or electronic correspondence to attorneys or legal representatives, you agree to the following:

-to make a deposit of \$600.00 before any correspondence or discussion takes place. My professional fee of \$200.00 per hour for legal testimony will be subtracted from this retainer. If there is a balance, it will be refunded. Time above 3 hours will require an additional deposit of \$600.00 and will be handled as above. _____ (initials)

-if at any time because of being involved in client legal proceedings, I feel that I need my own legal representation, you will pay my full legal fees. _____ (initials)

-and involving me in legal cases will probably result in the client being discharged from care _____ (initials).

Fees and Payments

Fees are as follows: \$160.00 for the initial visit and \$120.00 for each subsequent visit. Payment is expected at the time of the session. Phone calls to/from clients or on behalf of clients over 10 minutes (excluding calls to/from legal representatives) are billed at \$120.00 per hour, prorated every 15 minutes. Written correspondence on behalf of clients (excluding that to/from legal representatives) is also billed at \$120.00, prorated every 15 minutes. Returned checks or declined credit card/debit card charges will incur a \$50.00 charge. In the event that your account becomes 45 days past due, I reserve the right to terminate the professional relationship and place the account with a collection service. All costs, fees and related expenses of the collection effort will be borne by the client/guarantor. _____ (initials)

I HAVE READ THE ABOVE AND AGREE TO ABIDE BY AND BE BOUND BY THESE POLICIES. A copy of this signed statement is as valid as the original.

Client Signature _____ Date _____

Parent/guardian Signature _____ Date _____