



**Carrie Sheppard, M.Ed.**

*Licensed Mental Health Counselor*

27023 164<sup>th</sup> Ave SE, Suite 109 Covington, WA 98042

(253) 859-3505 MindSource Center: 253-639-7146 Fax: (253) 639-7145

Email: [carrie@mindsourcecenter.com](mailto:carrie@mindsourcecenter.com)

## **Policies and Agreement for Brief Consultation Services**

### **1. Contract Initiation**

A 50% deposit minimum is needed in order to secure Brief Consultation Services. The contract dates begin with your first appointment.

### **2. Intake Procedure**

Once your deposit and completed intake forms are received, your first appointment may be scheduled.

### **3. Regular Meetings**

We are making the commitment to meet regularly at intervals (no longer than 1 month apart) to discuss and move your child's progress forward. If you find it difficult to maintain this pace, please discuss these challenges with me. Any obstacles to meeting regularly may delay your child's progress and reduce the benefit from your investment. I am committed to supporting you through those obstacles. In this regard, it is important that we communicate well and work closely to maintain continuity and momentum.

### **4. Cancellations**

A standard notice of 24 hours is required if you or your child is not able to attend a regularly scheduled session. Appointments will be rescheduled based on availability. Any appointment that is missed or is cancelled with less than 24 hours' notice will be charged the \$60 late cancel/missed appointment fee. (Additional travel fees apply to home or school visits if applicable).

### **5. Sick Policy**

If you or your child is sick, it is expected that the appointments will be cancelled as stated above. More specifically, if your child has been kept home from school, or conditions exist that would make it wise for you or your child to stay home or avoid contact with others, meetings and other services should be postponed until the illness has been treated successfully. It is understood that sudden illness can occur and that you will notify me at your earliest opportunity. In this case, you would not be penalized for late cancellation; however, rescheduling would take place on a space available basis. Should I become ill and be unable to attend a meeting or session, you will be notified as soon as possible and the missed appointment will be rescheduled as stated above.

## **6. Payment Terms**

Payment is due as follows: 50% of contracted amount at beginning of contract, then the remaining amount(s) due upon receipt of invoice(s). If not electing to pay in full, the payment plan you have chosen is attached. Invoicing is completed once per month with the balance divided by the number of visits your program is projected to take. A 5% discount is offered to those who pay the full amount prior to the child assessment. Receipts will be issued upon receipt of payment.

### **Payment options include:**

- Check
- Credit Card (Master Card, Visa, Discover)
- Money Order
- Health Insurance benefits may pay for direct service time and a discount will be given to those utilizing insurance.

*Payment arrangements must be made in advance of the start date of the contract. Checks are to be made to MindSource Center, LLC, with the exception of insurance co-pay or deductibles, for which you will receive, separate statements, indicating they are to be addressed to Caroline Sheppard, LMHC.*

## **7. Extension of Contract**

Should there be medical or emergency situations that require the family to suspend services, the contract will be held in good standing for a maximum of 30 days without penalty.

Please be sure that you are ready for the program commitment and have made room in your life for the Brief Consultation Package before we begin our work together. To ensure a successful outcome, requests for extensions beyond 30 days will be evaluated on an individual basis. Unfortunately, requests for extensions beyond 60 days cannot be honored, and any unused services at the time your extended contract expires will be forfeited.

## **8. Refunds**

Refunds will not be issued for any reason.

## **9. Overdue Payments**

Interest will accrue on all overdue accounts that go beyond 60 days. Interest accrues at 1.5% monthly or 18% annually.

## **10. Returned Checks**

If checks are returned NSF a fee of \$60 will be applied to the balance owing.

## **11. Video tape/ Assignments**

Videotaping may be included as part of your learning in the Brief Consultation Package. Most people experience discomfort in the beginning phase of their learning process, but quickly move past those feelings. If there are reasons you think you may have difficulty with videotaping some sessions of you and your child working together, please discuss this with me.

## **12. Confidentiality**

Our communication is considered privileged and is protected by both state and federal laws pertaining to client confidentiality. Your rights are outlined in three documents you will receive

from me, the HIPAA handout (federally mandated), Washington State handout, and, in addition, as a licensed mental health counselor, I am required to submit to you a counselor disclosure form. This third form describes my training and approach to treatment. Please read and sign this document, and feel free to ask any questions regarding your rights as a client. In the event that you would like any of the services you have received here discussed with anyone, a written consent will be required.

Thank you so much for choosing me as your licensed mental health counselor. I look forward to working together with you and your family, and am truly honored to be given this opportunity to facilitate your child's growth.

Please sign below, indicating that you have read and understand the policies outlined in this document.

I understand and agree to the above policies.

---

Signature

---

Name (Please Print)

---

Date