

DESTINATION HOPE
Linda Barnes, M.Ed., LPC, NCC
Phone 817.366.3494

Office Guidelines

What You Can Expect

I am pleased that you have considered coming to me for counseling. Counseling is a very personal shared interaction between two people and should not be entered into lightly. My goal for the counseling process is to help maximize your potential for a successful, productive, and happy life. You have already demonstrated great personal strengths: courage and intelligence, openness and willingness to change, and self-esteem by reaching out for professional help. As your counselor, you can be assured that I operate under the highest ethical, legal, and moral standards as required by law and by my own personal convictions. If at any time or for any reason you are dissatisfied with my services, please let me know.

The Session

Each session lasts 50 minutes. Please be on time so that you will benefit from the full session.

Confidentiality

All of our communication becomes part of the clinical record, which is accessible to you upon request. Most of our communication is confidential, but the following limitations and exceptions do exist: a) I determine that you are a danger to yourself or others; b) I am ordered by a court to disclose information; c) You disclose abuse, neglect, or exploitation of a child, elderly, or disabled person; d) You disclose sexual contact with another mental health professional; e) You direct me to release your records; or f) I am otherwise required by law to disclose information. If you see me in public and it makes you uncomfortable to acknowledge me, please know that I understand and will acknowledge you only if you approach me first.

Contact Information

My business phone is (817) 366-3494. Please call this number to set an appointment or to leave a message. If you need to discuss any matters relating to your care, I will return your call as promptly as possible.

Counseling Fees

The standard fee for services provided by *Linda Barnes* is \$125.00 per session. The fee for each session is due and must be paid at the beginning of each session. Longer sessions and other services are pro-rated from the basic fee and are billed according to the time involved. *Linda Barnes* will agree to file insurance claims on mental health benefits if the client has applicable insurance coverage. **The client is responsible for any co-payments, deductibles, and non-allowed charges. It is the client's responsibility to know what their insurance policy covers and to make sure the deductible is met.** The issue of fee and reimbursement will be discussed and determined by the client and counselor during the first session. Appointments are usually set on a weekly or bi-weekly basis at the same time each week. **If you fail to keep an appointment, or fail to give 24-hour notice of cancellation, you will be charged a \$75.00 fee which insurance will not reimburse. Our returned check fee is \$25.**

Service

We provide these guidelines in hopes that they will maximize the counseling process. I strive for excellence and hope that you will freely discuss any suggestions or questions concerning these policies.

By your signature below, you are indicating that you have read and understood these guidelines, and/or that any questions you have had about these guidelines were answered to your satisfaction, and that you were furnished a copy of this document.

Client's Signature

Linda Barnes, LPC

Date

Date