

*Destination Hope*  
*Linda Barnes, M.Ed., LPC, NCC*  
*Phone 817.366.3494*

## **Office Policies**

### **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, self-esteem that says you are worth an investment of time and emotional energy. You will have your own goals, the decision to reach those goals is yours to make. I will help you on those goals, facilitating you during your journey. I assure you that my services will be rendered in a professional manner consistent with accepted legal and ethical standards. If at any time for any reason you are dissatisfied with my services, please let me know. Since I have sub-letting space, Mountain River Ministries cannot be responsible for the physical, mental, spiritual, or emotional wellbeing of clients of Destination Hope.

### **The Session**

Each session lasts 45 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 on 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.

### **Contacting Me**

My business phone is (817) 366-3494. If I am unavailable, please leave a message. I will return your call as promptly as possible. Feel free to call me between sessions if you experience unusual discomfort. Often talking on the phone or making an extra appointment can be helpful.

**Counseling Fees**

The standard fee for services provided by *Destination Hope* is \$100.00 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. *Destination Hope* 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. I will provide an invoice to the client at each 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 for the session. (Returned check fee is \$25)**

**Service**

I hope that these guidelines will help to maximize the counseling process, and minimize any problems. Should you have suggestions or questions concerning these policies, please inform me. I strive for excellence and hope to keep problems and inconvenience to a minimum.

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

\_\_\_\_\_  
*Client's Signature*

\_\_\_\_\_  
*Linda Barnes, LPC*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Date*