

**COUNSELING GUIDELINES & POLICIES**

Welcome to my practice. This handout was designed to answer some commonly-asked questions and to help us avoid misunderstandings.

I received my BA in Psychology in 1981 from University of Illinois, with honors, and my MEd in Counseling in 1988 from Loyola University of Chicago. I have 30 years of experience as a counselor in a variety of settings: a high school, a psychiatric hospital, an agency to assist abused women, an outpatient mental health group practice, and finally in independent practice. I am licensed as a professional counselor by the states of Wisconsin, Illinois, Texas and Georgia, and I am Board Certified by the National Board of Certified Counselors. Additionally, I am a Certified Group Psychotherapist and have Level 2 training in the Gottman method of couple’s therapy. I have a general practice in which I work with adults and adolescents, in individual, couples, family and group treatment. I specialize in relationship and group therapy, eating disorders, anxiety, depression, stress management, career change, grief, and life transitions, all of which I have had extensive experience. I am also a Board Certified life coach. If you are interested in coaching, please let me know I will provide you with more information.

APPOINTMENT TIMES:

Appointments are usually scheduled for 50 minutes. Longer sessions of 75 or 80 minutes are possible (and recommended for couples and family) and are pro-rated accordingly. Promptness assures you your full session; otherwise, we have only the balance of the scheduled time. Whenever starting earlier is possible, the session will end 50 minutes after we begin. For phone sessions, please call my number at the agreed upon session time.

CANCELLATION OF APPOINTMENTS;

When you make an appointment, I am reserving a time slot for you which cannot be offered to anyone else; therefore, **you will be charged for all missed appointments not canceled 24 hours in advance**. This policy holds for individual, family or group sessions. Early notification is encouraged as it allows the most flexibility of available time to accommodate clients’ needs. If a late cancellation is unavoidable, a telephone or video session may be used during your appointment time. Please call my voicemail at (608)772-6870 as soon as you realize that you cannot make your appointment. Please leave some times for when you would like to reschedule your appointment. Please CALL me if you are cancelling late rather than sending an email. It’s been my experience that emails are more likely not to be delivered than a voice message. If you send an email and I do not receive it in time, then your cancellation will be regarded as a no show, with a fee charge.

PAYMENT OF FEES:

Payment for sessions is requested at the time service is rendered and may be made by check, cash, debit or credit card (Mastercard, Visa, Discover or American Express), or HSA card. Please have checks made out in advance to avoid using your valuable therapy time or keeping another client waiting. If you are using out-of-network insurance, please let me know and I will provide you with a billing statement at the end of the month. It is your responsibility to file the insurance claim. After 30 days, an overdue bill will be charged a late fee of $10 per month until the bill is paid. There is a charge of $15.00 for a returned check. If you are doing phone or video sessions on a regular basis I will hold your credit card on file.

TELEPHONE CALLS:

I can be reached by calling my voicemail at (608) 772-6870 at which you can leave a detailed, confidential message. Always leave your phone number as I may retrieve your message when I’m not at the office. I will

Counseling Guidelines page 2

call you back as soon as possible, and sometimes this means on the next day I am in the office. If you have a true emergency, please call 911 or your local hospital. I do not do crisis work over the phone. If you know that you expect frequent crises or will need additional phone support, please let me know at the beginning of your therapy so we can discuss if it will be possible to accommodate that.

Due to demands on my time, I find that I have to limit non-emergency calls to 5 minutes. When a problem arises between appointments, an additional in-person or telephone session may be scheduled. Telephone calls are charged on a pro-rated basis at the same rate as in-person appointments. Any call in which problems are discussed will be considered a telephone session. The charge will be added to your bill for payment at the next in-person appointment or you can pay at the end of the session by credit card over the phone.

ADDITIONAL SERVICES:

Additional services such as unexpected crisis management over the phone or in person, consultations related to client’s therapy or parental concerns that take place either by phone or e-mail, collateral consultations with other professionals, telephone calls to school personnel, school visitations/staffings including travel time, and written reports for legal or other matters are all billed at the individual therapy rate. Requests to read lengthy reports or personal literature will be done so at the full therapy rate. I do not provide services in court for legal matters. If it should happen that a legal situation comes up and I am required by law to provide services in court, by interview, or in written form, I reserve the right to charge additional fees (which may be higher than my therapy rate) to cover the cost of my time, including travel time, mileage, and inconvenience to my other clients.

#### WAIVER OF LIABILITY AND CONFIDENTIALITY

All statements that a client shall make are of a confidential nature, including all written information, and ethically may not be disclosed without the client’s written consent with the following exceptions which will result in confidentiality being waived:

- If you report abuse or neglect of a child, elder or dependent individual

- If you are in danger of hurting yourself or someone else

- If you disclose sexual misconduct by a mental health professional

- If a court order, other legal proceedings or statute requires disclosure

 -As required for billing purposes

Thank you for choosing my services. I will do everything I can to help you resolve the problem(s) for which you seek help. I look forward to working with you. Please feel free to ask any questions not clarified by these guidelines.

 Rebecca J. Compton, MEd, LPC, CGP, NCC, BCC

 Licensed Professional Counselor Certified Group Psychotherapist National Certified Counselor

 Board Certified Coach

 Counseling Guidelines Page 3

**CONSENT TO TREATMENT**

By my signature, I acknowledge to my counselor that I have read, understood, and have agreed to the Counseling Guidelines & Policies, the Waiver of Liability and Confidentiality, and that I accept the stated conditions and limits of confidentiality. I acknowledge responsibility for all fees incurred and should collection of my account be necessary, I will be responsible for all cost of litigation including attorney’s fees.

I consent to my participation in counseling and psychotherapy and I understand I may withdraw my consent at any time.

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Client Signature Date

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Client Signature (parent, spouse, or other if applicable) Date

Please indicate if: I have **Alliance Insurance** and will be using it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I was referred by my **EAP** \_\_\_\_\_\_\_\_\_\_\_

(In either case please disregard the fees below and we will discuss if and what fees apply)

FEES:

Initial Psychotherapy Consultation 50 minutes………………......$175.00

Initial Psychotherapy Consultation/Assessment 75 minutes….... .$250.00

Individual Psychotherapy Session 50 minutes …..……………....$160.00

Couples and Family Sessions 50 minutes......................................$160.00

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Couples and Family Sessions 80 minutes……………….....…….$240.00

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Gottman Couple’s Assessment…………………………………..$750.00

(includes 2 couples sessions and 2 individual sessions)

Gottman Relationship Checkup……………………………..…….$29.00

 (online, payable to the Gottman Institute)

Reduced Fee Agreement (based on income)……………..$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(I agree that if my financial situation changes I will notify my therapist to adjust my fee.)

I am in agreement with these fees. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Client Signature Date

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 Client Signature Date