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## **Policy and Procedures**

### **Assessment and Length of Therapy**

As discussed on the phone when you scheduled your appointment, the assessment phase of therapy generally lasts for three sessions. It is important that you commit to all three of these sessions. The assessment phase is used to gather all pertinent information for your treatment, to make recommendations and set goals, and to give you an opportunity to become familiar with the therapist and the treatment process.

### **Scheduling of Sessions and Cancellation**

When you begin therapy, we will schedule a weekly or bi-weekly consistent time for your appointments. Your appointment time is reserved for you. If it becomes necessary to change or cancel an appointment, please notify me within 24 hours before your scheduled time by calling or texting me at (615) 202-6508. The charge for failure to cancel within 24 hours is \$160 due at your next appointment.

### **Billing Practices**

The fee for individual therapy is \$160 per session. The length of each session is 50 minutes. Payment in full is due at each session. As a courtesy and convenience to my clients, I am able to keep a credit card on file to charge at your appointments.

### **Insurance**

I do not enter into contracts with managed care companies due to loss of client confidentiality and the loss of client control over their treatment. You may, however, choose to file out-of-network insurance coverage. In that case, it is the client's responsibility to file their own claims. I will provide a HICFA form for you with the appropriate documentation. Please be aware that I will be required to provide a mental health diagnosis which will become part of your medical record. As a result, many clients choose to pay out of pocket to avoid this intrusion.

## Issues of Confidentiality and Privileged Communication

Psychotherapists have a strong privileged communication law in our state which carries the same legal status as that of attorney-client. What you talk about in the established relationship with me is protected by privileged communication laws with the exception of the following:

1. Imminent danger of client's harm to self or others (this includes potential transmission of a terminal communicable disease)
2. Suspected abuse or neglect of a child or adult who can not take care of themselves
3. Demographic information related to suspected domestic violence
4. A Court order for clinical records, if the client is involved in legal proceedings

## Emergencies

Regular therapeutic work often prevents crisis from arising. I will respond as promptly as possible to telephone messages during business hours. If you feel that you need more immediate attention you have the option to call the Crisis Intervention Center (615) 244-7444 or to go to the nearest hospital emergency room.

## Consent

As the client or responsible adult, I have read and understood the terms and information in these policy and procedures. I authorize treatment and understand that I have financial responsibility for this treatment.

*Signature* \_\_\_\_\_

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