



Alexis Evans, LMFT

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Virtual Telehealth Office

[www.theconnectedself.org](http://www.theconnectedself.org)

"FOSTERING CONNECTION WITH YOURSELF AND THE ONE'S YOU LOVE."

## Practice Policies

The following document acts as an agreement on the terms of service between clinician and client. Consent to services is required prior to initiation of therapy. Please read and sign the following to acknowledge your understanding of this agreement.

### CONFIDENTIALITY

Your information and all communication will remain protected by the clinician as required by law, unless your written consent has been requested and received. The clinician will be required to release information only under the following circumstances:

1. If there is a posed danger or serious threat of harm to yourself, others, or property. This circumstance will be reported for safety under the duty to warn;
2. If child or elder abuse is occurring, reported, or suspected by the clinician;
3. When formally ordered to release information by a court of law.

### CONSULTATION

As a clinician in private practice, I may occasionally consult with a supervisor or other colleague regarding our work. In seeking consultation, I make every effort to protect your identity and cover case reports using general, non-identifying terms. Any professionals who may be consulted are also required by law to maintain confidentiality.

### SERVICE FEES

Alexis Evans, LMFT, earned her Master's degree in Marriage & Family Therapy from East Carolina University. Her fees for services as follows:

Couple's Intake (90 minutes): \$220

Individual Intake (60 minutes): \$160

Psychotherapy Session (55 minutes): \$120

Other services, including consultation with professional for coordination of care or services outside of psychotherapy will be billed in 15-minute increments at a rate of \$25.

### PAYMENT

I am currently an out of network provider with all insurance panels. Payment will be due in full at the time of service. Payments are accepted through credit/debit card transactions and online payment services. Non-payment of fees may result in termination of services and collection efforts until your balance is paid in full. I do not currently file for insurance reimbursement, but will offer service statements for you to file with your insurance provider.



## **CANCELLATIONS & NO SHOW POLICIES**

Should you need to cancel or reschedule an appointment, please contact the clinician by phone (252) 375-3602 or email alexisevans@theconnectedself.org, so that the time may be made available to someone else. Any cancellation that is not received 48-hours in advance or no-show appointments will be charged the full service fee. Fees collected for late or missed appointments are non-refundable.

## **CONTACTING THE THERAPIST & EMERGENCIES**

Your clinician can be reached via her direct line at (252) 375-3602. Should the clinician not be available at the time of contact please leave a message at the confidential voicemail. Alexis will work to respond to any correspondence by phone, text, or email within 24 hours. As she does not provide continuous availability for emergencies, please call 9-1-1 for any physical or medical emergency. If you are experiencing a mental health crisis, please contact your closest emergency room and request the psychiatrist on call. A list of optional services for mental health crises has been provided in your welcome packet.

## **SOCIAL MEDIA**

The relationship between client and clinician is professional and the clinician does not associate with clients using personal social media accounts. The clinician does not engage with clients via direct messaging or discuss personal circumstances on her professional social media platforms.

## **INFORMED CONSENT**

Please check each statement to signify your understanding and sign the completed document below:

- I authorize treatment for myself and/or my dependent child.
- I acknowledge that after the initial appointment, sessions are 55-minutes in length unless otherwise agreed upon and will start and end at scheduled times. Should I not show up to my scheduled appointment within 15-minutes, I will be charged a late cancellation fee.
- I acknowledge the office policy of providing 48-hour prior notice when cancelling/rescheduling an appointment and that I am responsible for paying the full fee for any missed appointments.
- I understand that I am responsible for full payment for each appointment, regardless of what my insurance does or does not cover.
- I acknowledge that failure to pay my bill may result in my outstanding balance being turned over to a collection agency.

By providing my signature below, I acknowledge that I have read, understand, and agree to the terms outlined in this document.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinician Signature

\_\_\_\_\_  
Date