# Policies, Fees, and Informed Consent

Larry Roach, LMHC

**Counselor's Qualifications:** Licensed Mental Health Counselor (LMHC). Master's Degree in Professional Counseling. Bachelor's Degree in Psychology. Ordained Minister. American Association of Christian Counselors Charter Member. Licensed by the Florida Dept. of Health to provide psychotherapy and counseling.

**Standard Counseling Fee**: $120 per session (45 Minutes). Regular Business Hours.

**Additional time** is prorated. Not covered by most insurance.

**Marriage/Couples Counseling**: $120 per session (45 Minutes). Not covered by most insurance. To file insurance, each person must have individual coverage and standard rates apply.

**Non-Routine Appointments:** No insurance discount for non-routine appointments. Saturday Appointment Fee: $135 - Deposit may be required. Phone Counseling: $120 (45 minutes) and $60 (20 minutes). Regular business hours. Deposit may be required.

**Insurance:** Your insurance policy may cover a percentage of the counseling fee through reimbursement or contracted provider payment. Deductibles and co-payments may apply. Please check with your insurance company to make sure you understand your responsibility for payment and confidentiality issues. We do not accept Medicare, Medicaid, or State Insurance. Please note the exceptions to insurance discount as referenced above.

**Additional fees** may apply if you request: resource materials; testing; court testimony; letters or reports; journal reading; or hospital visitation. **No Email or Text Counseling Available.**

**Payment:** Due at the time of service. Cash, or checks made payable to **Larry Roach, LMHC**.

**Appointments canceled** without a 24 hour advance notice or "no shows" will be billed at $50 per session. **Return checks** are subject to an additional collection fee of $32. --*Initial Here* ____

**Confidentiality:** All communication between you and your counselor is confidential. Exceptions to this rule arise when there is immediate danger of physical harm to you or others. The law also requires an immediate report of known or suspected cases of child or elder abuse.

**Agreement:** I have read and understand the above information, consent to counseling, and agree to full payment of services rendered.

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Signature of client, parent, or legal guardian  Print Name  Date