

## Practice Policies & Fee Agreement

**Sarah Beacham, t-LMFT**  
*Marriage & Family Therapist (temp-licensed)*

### **Fee Policy**

I am committed to offering the highest quality, professional counseling services. My standard fee for all types of counseling services is \$60 per clinical hour (50 min.) Reduced fee appointments are offered on a limited basis and based upon need. If you have any difficulty in paying the standard fee, you are welcome to apply for sliding-scale fee services. You will need to complete the Financial Agreement form along with submitting a copy of your most recent tax return.

A session is typically based on a 50-minute hour. I request that cancellations be made 24 hours in advance; otherwise, you will be billed for the full session fee. I cannot reserve future appointments once a client does not show or cancels their appointment with less than 24 hours notice.

**I do not accept insurance.** However, upon request, I can provide a receipt if you wish to submit a claim directly with your insurance company. Clients may pay with cash or check.

### **Confidentiality**

Professional ethics and Tennessee State law indicate that confidential information is controlled by the client. This means that, as a general rule, information shared in sessions with a counselor will be held in confidence. There are two exceptions to this general rule, however. In the case of an emergency where the counselor believes the client is at risk of hurting himself/herself or another person, the counselor may breach the requirement of confidentiality. Secondly, Tennessee law requires that child abuse in any form be reported to the Department of Human Services or other authority such as a Juvenile Judge.

In communication, persons sometimes prefer to communicate via text messaging or email. I do accept this form of communication, however, it is important for the client to understand that email is not a secure mode of communication. The correspondence is at risk of being intercepted, can be monitored by email providers, and human error could result in someone else receiving the email other than the intended therapist. It is also important to note that text messaging carries the same level of risk. Text messages can be intercepted, stored on a device and later read by others, read by phone providers, or sent to non-intended individuals. If the client chooses to correspond with me via text messaging or email, the messages and emails will be printed off and kept in the client's file.

When working with minors, I will not share the content of sessions with parents/guardians, unless the content must be shared for safety reasons or if my therapist judgment warrants sharing content for the welfare and health of the minor. I will discuss progress and treatment plan in general terms with parents/guardians. Parents are encouraged to be a very active part of the counseling process; be prepared to be in session with your child at times and to have "homework assignments" for your family. Parents are required to remain on the premise during their child's (under age 16) appointments to be available for emergencies and to be involved in the therapeutic process.

### **Professional Services**

I am available for counseling appointments at select times throughout the week. The phone number that you can reach me on is 731-614-0444. You can also reach me by email at sarahbeachammmft@gmail.com. I do not do phone consultations.

If you have an emergency, you may obtain assistance by calling the Crisis Help Line at 244-7444, the YW Domestic Violence Center at 242-1199, or by going to your local hospital emergency room. For a crisis with minors you can call the mobile crisis line at 866-791-9222. I will be unable to respond to texts and emails in a timely manner, therefore do not text or email me when you are in a crisis and feeling suicidal, overwhelmed, or unsafe. Please call the crisis line or go to your nearest emergency room in these instances.

I am not a certified Custody Evaluator or an Expert Witness, as defined by the legal system. As a therapist, I am not permitted to make any judgments on custody. In the case that I would be subpoenaed to court or involved in any legal matter, the client will be charged a fee of \$150 an hour (this includes note taking, phone calls, writing case summaries, time to and from court, etc). I do not testify unless required by a court order. Testimony under oath is \$200 per hour.

**Benefits and Risks of Counseling**

Persons contemplating counseling should realize that they may make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may also make changes in their marriages or significant relationships, such as with parents, friends, children, relatives etc. While I will assist the client in effecting change, I cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

**Credentials**

I hold a Master’s degree in Marriage and Family Therapy from Lipscomb University and currently hold a temporary license with the Tennessee Board of Marital & Family Therapists (temp-license # 1480). I am actively pursuing licensure in the state of TN and working under the supervision of Dr. Jackie Halstead, LMFT (licensure # 909).

**Termination**

Termination may occur at any time by client or therapist. If you do not communicate with me in a 60-day period, I will close your file. If you would like to re-open your file and proceed with the counseling process, you are welcome to call me to schedule an appointment at any time. Additionally, if you would like to continue counseling with another professional, please let me know as I would be happy to provide you with a referral.

**Attestations:**

Do you have any questions about fees, confidentiality, or other matters? Yes \_\_\_ No \_\_\_

Do you agree with the conditions and provisions of these Practice Policies? Yes \_\_\_ No \_\_\_

I give permission for the therapist to correspond with me via text messaging and/or email. Yes \_\_\_ No \_\_\_;

\*Email only \_\_\_ text only \_\_\_ (*Emails and texts related to the clinical process will become part of the client’s records.*)

I agree to the fee payment of \$60 Yes \_\_\_ No \_\_\_ If No, I have completed the additional application for sliding scale fee with my counselor and have agreed to a session fee payment of \$ \_\_\_\_\_

I agree to allow you to meet with my child for counseling. Yes \_\_\_ No \_\_\_

Client(s) Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_