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PSYCHOTHERAPY

Psychotherapy is a joint endeavor between therapist and client. Some goals of therapy include: identifying and understanding feelings; articulating and resolving conflicts; promoting personal growth; improving your relationships with others. This handout is an effort to assist you in beginning therapy and to help familiarize you with the procedures of this office.

APPOINTMENTS

Appointments are 45-60 minutes in length. If you are unable to keep an appointment, please give at least 24 hours notice. **If 24 hours notice is not given, a fee will be charged for the time reserved and you** (not your insurance company) will be responsible for this charge.

FEES

The fee for service is: \$110.00 for an individual therapy session
\$120.00 for a marital or family session
\$140.00 for the initial intake evaluation (1st appointment)

METHOD OF PAYMENT

Your Responsibility: Your fee is due and payable at the time of each visit with a few exceptions explained below. You may pay by cash or check.

Insurance: Some insurance companies will pay, in part, for psychotherapy services. Please check with your insurance company to see if they will help with payment for these services. While you are responsible for the full fee, I will do what I can to help you to get reimbursement from your insurance company. I file insurance at the end of each month and will file your therapy visits for you, if you wish.

Co-Payments: If you are a participant in a managed care program of which I am a Provider, only your co-payment is due at the time of each visit. If I am not a participating Provider, then full payment is due at the time of the visit.

Late Payments: An interest rate of 3% will be charged on fees, due from you, which are 30 days overdue. This 3% interest rate will apply each month that your fees are overdue.

CONFIDENTIALITY:

According to Tennessee law, all communications between the therapist and the client, including the knowledge that the professional relationship exists, are confidential. The client controls the information regarding service. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. However, there are some exceptions to the rule of confidentiality which are noted below:

LIMITS OF CONFIDENTIALITY:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Insurance Providers (when applicable)

Confidentiality cannot be guaranteed in situations involving insurance reimbursement or managed care when you give consent for clinical information to be given to a third party for recertification or payment purposes. After clinical information is received by the third party, the use and confidentiality of the information are beyond the control of the therapist. Information that may be requested by insurance companies includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, and summaries.

AVAILABILITY

I check my voice mail frequently during office hours Monday through Wednesday and less frequently Thursday through Sunday. If your call is urgent, or you want to be sure I receive it quickly after hours or on off days, follow the instructions and activate the emergency message option. In case of emergency and I am unavailable, you can go to the nearest emergency room where you will have access to qualified health professionals.

QUESTIONS

I will be glad to discuss any questions you may have about the therapy process, my services or my fees. You are free, and encouraged, at any time to discuss my qualifications, my experience, and my educational background as it relates to my professional role in my relationship with you. You are welcome to discuss any concerns you might have regarding this document, and are encouraged to read it over and to discuss it at this or later appointments.

Please sign and date below:

I have read, understand, and agree to these policies. I agree to the above limits of confidentiality and understand their meanings and ramifications. I give my consent for evaluation and treatment by Lorrie Beevers, Ph.D.

Signature _____ Date _____

