Kaye Bradley Williams, LMFT, CSAT
321 Billingsly Court, Suite #3
Franklin, TN 37067
615.440.9087
www.HopeandHealingNow.com

Practice Policies 2017

In my practice, I work with individuals, couples, and families. I have a Master of Marriage and Family Therapy degree, and am a Licensed Marital and Family Therapist (LMT0000000766) with the state of Tennessee. More information about me is available on my website.

Confidentiality: What is said between you and me in session is always kept confidential, and you have control over the release of information to anyone else. However, there are exceptions to confidentiality which are legally mandated and of which you should be aware. These exceptions include: 1) if the client is in danger of harming themselves, 2) if the client is a danger to others, 3) report of suspected child abuse and/or neglect, and 4) report of suspected adult/elder abuse and/or neglect. In these instances, the therapist is required to inform potential victims and legal authorities so that protective measures can be taken. In addition, occasionally judges will subpoena a counselor for testimony or order the release of confidential information in court proceedings. The client will be notified of the subpoena and/ or court order, and every effort is made to protect confidential information.
INITIAL HERE_____

Appointments: I schedule my own appointments with my clients. Most appointments are for 50 minutes, known as the "clinical hour". Since clients are seen by appointment only, the appointment time given is reserved for you. Please give at least twenty-four (24) hours' notice if you must cancel your reserved time. Failure to provide a 24 hour notice means that someone else is not able to use that appointment time. You will be charged your usual fee for appointments that are not cancelled 24 hours in advance, although extenuating circumstances are always taken into consideration.
If you are running late, please try to call or text me at **615-440-9087** and let me know. Otherwise, if you are over 15 minutes late, I will assume you are not coming and I may leave. INITIAL HERE: _____

E-Mail/ Phone/Texts/ Social Media: While I do my best to respond to e-mail in a timely manner, the best way to reach me is by my phone, which is only answered by me, so it is completely confidential to leave a voice mail. I check for messages frequently, and in most cases, will return your call the same day.
I do not do therapy via e-mail or text.
Since you can't see my facial expressions or hear my tone of voice, and vice versa, my responses will be kept brief. I do my best to ensure the privacy of e-mail and text messages, but this method has limited confidentiality. E-mail and texting should only be used for questions concerning appointments or resources, and not for therapy. Texts and e-mails written by you about therapy issues will be printed and become part of your permanent record. Also, I do not participate in social media (Facebook or Twitter or Linked In, etc.) with my clients. INITIAL HERE_____

If for some reason you should be unable to contact me during an emergency, you may obtain assistance by calling the Crisis Help Line at (615) 244-7444, dialing 911, or by going to your local hospital emergency room.

Fees and Payment: Unless otherwise agreed upon, sessions are billed at $130 for a 50-minute appointment. Cash, checks or credit cards are accepted forms of payment. Phone consultations are billed at $40 per half-hour after the first 10 minutes (which are at no cost).
Fees are due and payable at each session.
A returned check incurs a fee of $25. If desired, clients will be provided with a receipt with appropriate diagnoses and codes which they may submit to their insurance company for reimbursement, though no responsibility for reimbursement is held by me. Please contact your insurance provider to ask about the limits of their coverage for mental health services from an out of network provider if you choose to use insurance.

If you request me to copy your records for any reason, the fee is $20 for the first five pages, and .50 a page after that. If you request a summary report from me, a fee of $200 will be assessed. INITIAL HERE_____
Court Appearances:
If I subpoena Kaye Bradley Williams, LMFT to testify in court, I agree to reimburse her for the time to prepare and set aside for court as follows: $250/ hr., with a **minimum** of 8 hrs. / $2000., to be paid and received by her at 321 Billingsly Ct., Ste. 3, Franklin, TN 37067 at least 10 business days in advance of the court date. I agree to release her from responding to a subpoena issued by my attorney if I have not complied with these payment terms. INITIAL HERE: _____

Client's Rights:

You have a right to the following:

The right to request restrictions on certain uses and disclosures of my protected health information which my therapist may or may not agree to, but if my therapist does, such restrictions shall apply unless our agreement is changed in writing;

The right to receive confidential communication by alternative means and at alternative locations;

The right to inspect and copy my protected health information in my designated medical record set for as long as protected health information is maintained in the record except in cases where it would not be in your best interest as determined by your therapist;

The right to amend material in your protected health information, although my therapist may deny an improper request and/ or respond to any amendments you make to your record of care;

The right to an accounting of non –authorized disclosures of your protected health information;

The right to a paper copy of notices/ information from my therapist, even if you had a previously requested electronic transmission of notices;

The right to revoke my authorization of my protected health information except to the extent that action has already been taken.

I acknowledge reading and reviewing the Notice of Privacy Practices Statement
INITIAL HERE_____

Informed Consent to Treatment: I have provided this information to you in the hope of fully informing you of policies of my office and parameters of care you will receive here, such as the importance of confidentiality. **Psychiatric and psychological care, like other things in life, offers no absolute guarantee of success.** There are limitations to any form of care offered to a client, and ultimately, clients are responsible for their own growth.
By signing below, you acknowledge having read, understood, and agreeing to these policies and procedures. Your signature acknowledges your informed consent for treatment.

_____ _____
Client(s) Date

_____ _____

_____ _____
Legal guardian if client is under 18 years of age Date