



## Outpatient Treatment Policies and Client Information

•14900 Bogle Drive, Suite 200 • Chantilly, VA 20151-1652 • 703-817-9890 • FAX 703-817-9860 •  
www.fcsva.org•

THE FOLLOWING INFORMATION IS A DESCRIPTION OF OUTPATIENT POLICIES AND CLIENT INFORMATION CONCERNING CONFIDENTIALITY, APPOINTMENTS, CANCELLATIONS, AVAILABILITY, AND INSURANCE. PLEASE FEEL FREE TO DISCUSS THESE POLICIES OR ANY OTHER MATTERS RELATED TO THE SERVICES YOU RECEIVE WITH YOUR THERAPIST.

**Confidentiality:** The services you receive are confidential, private and personal. Your written permission is required for the release of information except in situations of clear and imminent danger to yourself or others, court subpoena, or suspicion of child abuse or neglect.

**Appointments:** Unless special arrangements are made beforehand, all appointments are a maximum of 50 minutes in duration.

**Cancellations:** If for any reason you are not going to be able to keep an appointment, we request 24 hours notice, if this is not possible, we will have to charge you for the session. Insurance companies do not pay any portion of the fee for a missed appointment.

**Availability:** We can be reached through a voice mail system during business hours at 703-817-9890, which is checked frequently throughout the day. Your call will be returned as soon as possible. For after-hours emergencies, you may contact the FCSVA 24-hour On-Call Phone number, 540-454-3056. Your call will be answered by an FCSVA clinical on-call staff member, who will be able to reach your therapist directly in the case of an absolute emergency.

**Insurance:** Most insurance programs allow you to go outside the network for services and will reimburse you a percentage of the amount you paid for services. You are required to obtain an insurance company authorization number for services before your first appointment. We ask that when you contact your insurance company, please ask for your co-pay for behavioral health services. We can discuss who will complete insurance claim information and treatment plans on your behalf for covered services rendered. You are responsible for the full fee, payable at the end of each session unless other arrangements have been made. All insurance deductibles and co-payments are always payable in full at the end of each session.

I understand and agree to the above terms:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_