



# Rachel Clark Counseling

513 E 8th St., Port Angeles, Wa 98362

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360-460-4071

## THERAPY SERVICE AGREEMENT

### APPOINTMENTS

Intake appointments will be 60 minutes while regular sessions will be 50 minutes. You will receive an appointment reminder on the day before your appointment. If you need to cancel or reschedule a session, I ask that you provide me with 24 hours notice. If you miss a session without canceling, or cancel with less than 24 hours notice, I will collect a missed appointment fee of half the regular session rate. I require that you keep a card on file with me for this purpose. I am available from 10am to 5pm Monday through Friday. Phone and video sessions available as needed.

### INSURANCE

At this time I accept Aetna and GEHA insurance. Aetna/GEHA clients are required to pay a \$15 or \$20 co-pay at each visit depending on your plan. You are responsible for confirming with your insurance company that your policy covers counseling and that your deductible has been met for the year. If your insurance company denies the claim for lack of coverage or unmet deductible, you are responsible for the balance owed.

### PRIVATE PAY

For private pay clients, the fee for the 60 minute intake appointment is \$135 and each subsequent 50 minute session is \$85 for couples or individual clients, and \$100 for family sessions. You are responsible for paying with cash or check at the time of your session, or you can keep a credit/debit/HSA card on file. Cards on file will be charged after each session, and charges will include a processing fee of 3.8% of the transaction amount. (For an \$85 appointment the processing fee will be \$3.27). If my regular rate presents a financial hardship for you, please ask about sliding-scale arrangements.

### SUPERVISION

As a Marriage and Family Therapist Associate, I am required to obtain clinical supervision. Please complete the Release of Information form included in this packet to grant me permission to speak with my supervisor about your treatment if necessary. Any of your personal information that is shared will be done so with my sincere desire to protect your privacy and confidentiality.

### CONTACTING ME

I am often not immediately available by telephone. You may leave a message on my confidential voicemail or you may text or email me, but please be aware that I cannot guarantee the security of electronic communications.

**I have read and agree to abide by the above Policies**

\_\_\_\_\_  
Client Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Rachel Clark, MA, LMFTA

\_\_\_\_\_  
Date