

Danica L. Rozario, LPC, NCC
Mindkind Counseling Services LLC

908-858-2470 www.mindkindcounseling.com mindkindcounseling@gmail.com

Office Policy

I. Appointments

Sessions are usually scheduled for 45 minutes. The fee for your session will be discussed prior to or during your initial visit. Sessions are usually scheduled weekly or more/less frequently depending on your needs and personal situation, which will be discussed during your initial visit. Please note that food and drink are not allowed in the waiting area.

II. Cancellations & Missed Appointments

Because your appointment time has been reserved for you, you will be charged for cancellations and missed appointments with less than 24 hours notice. You may leave a message on my cell phone/email 24 hours/day.

Charges for missed appointments are not covered by your insurance and are due and payable prior to any further appointments. Please note that such charges include the amount normally covered by the insurance company in addition to the copay amount.

III. Telephone Calls & Email

If you leave a message on my voicemail during the week, you can expect a return call within 24 hours. If you leave a message on my voicemail during the weekend or a holiday, you can expect a return call on the next business day. If you are experiencing an emergency or crisis situation, you should call the nearest Emergency Room, Mobile Crisis Unit, or dial 911.

Phone calls cannot substitute for office visits, unless we have made a prior arrangement to conduct a treatment session via phone, due to extenuating circumstances, which will be billed as a regular office visit.

Due to my concerns about safeguarding your privacy, e-mail is limited to the exchange of non-clinical information (i.e. appointment scheduling and reminders). Please allow the same response time as if leaving a voicemail message.

IV. Payment

Payment is due and expected at the time of your session. I accept cash and checks.

Fees for written reports or records may incur additional charges.

For in-network benefits, I will submit the insurance claim form. For out-of-network benefits, I will provide you with a receipt, however you will be responsible for submitting the insurance claim form. You are also responsible for any deductibles, co-insurance, and co-payments, as well as familiarizing yourself with your insurance benefits.

V. Confidentiality

Your privacy is of utmost importance. My privacy practice is located on a separate form which you will receive during your initial visit.

Acknowledgment and Consent

Client name _____ Date of birth _____

I acknowledge that I have received a copy of the Office Policy of Danica Rozario LPC, NCC, and accept, understand, and agree to the terms within. I further consent to participate in my evaluation and/or treatment. I understand that I may withdraw from treatment at any time, and understand that it is in my best interest to discuss this with my therapist.

Signature _____ Date _____

Relationship to client (if signed by an authorized representative) _____