

*Scottsdale Psychotherapy*

Virginia Kelley LCSW

4300 N. Miller Rd., #218

Scottsdale, AZ 85251

Tel: 480-429-6390

**Office Policies**

**Appointments:**

All appointments are scheduled directly with me. Therapy sessions are **50** minutes in length, with rescheduling.

**Fees:**

\* The fee for the first initial session is **\$100.00** for either individual or couples therapy, or whatever is the contracted amount with your insurance company. All following sessions are **\$100.00**.

\* It is my policy to charge **\$50.00** for appointments that are not cancelled with 24 hr. notice. THIS IS NOT COVERED BY INSURANCE.

\* There is a **\$25.00** fee for any paperwork involving Disability, short-term leave of absence, etc.

You may choose to use insurance and therefore are responsible for any deductible and copay. Please contact your insurance company for this information. Master Card and Visa credit/debit cards are accepted for amounts of \$50.00 or greater.

\* Fees are due at the beginning of each session. There is a \$10.00 charge for any check that is returned for insufficient funds.

**Phone Calls:**

You may leave a message on my voicemail and I will return your call as soon as possible. Be sure to leave your phone number, even if you think I have it. If you cannot reach me and you are experiencing an emergency call 911 or the crisis line at 480-784-1500 (available 24 hrs.)

**Confidentiality:**

The content of all professional interactions in my practice will be held in confidence unless you waive this in writing. However, confidential information can be ordered to be revealed within legal settings by a court order. Additionally, information concerning child or elder abuse/neglect/molestation as well as information concerning physical violence or threats to self or others is required by law to be reported to the designated authorities.

Some managed care companies require me to send treatment plans regarding your therapy. Please be aware of this.

\*\*\*If you have any reason to believe that you will need me to participate in court/legal involvement, I will refer you to another therapist and will not take your case.\*\*

**Please note that I reserve the right to discontinue treating clients who repeatedly miss appointments.**

I \_\_\_\_\_ have read the policies of Virginia Kelley LCSW and agree to abide by them in order to receive treatment.

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date