

**JOHN HAWKINS, ED.S., LPC**  
**POB 172, Brookhaven, MS 39601**

**OFFICE POLICIES AND PROCEDURES**

**No Show Policy**

In order to receive maximum benefit and response from counseling and therapy, it is essential to keep your office appointment. An office visit represents a time specifically set aside for you, as clients are seen in this office by appointment only. This office time cannot be given to someone else who needs it unless a cancellation occurs in a timely manner allowing another patient to be scheduled.

- Missed appointments will be charged the full fee.
- Appointments which are canceled with less than a 24 hour noticed will be charge ½ fee.
- Please note that insurance companies will not reimburse for missed appointments.

**Initial \_\_\_\_\_**

**Returned Check Policy**

- Returned checks for insufficient funds or closed account will be charged a \$40 processing fee.
- If more than one check is returned from your bank, we will no be able to accept your checks.
- Cash or money order may be used to pick up a returned check; no partial payments will be accepted.

**Initial \_\_\_\_\_**

**Payment and Fee Policy**

- Payment is due in full at the time services are rendered.
- We accept checks and cash.
- We do not file for insurance reimbursement.
- Information will be provided to you so that you can obtain insurance reimbursement.

**Initial \_\_\_\_\_**

**Confidentiality Policy**

All information received in therapy sessions is held in confidence and may not be released to others without your written consent. However, there are limits to confidentiality. These limits are as follows:

- Information subpoenaed by court system or otherwise required by state and federal statues (i.e., child custody).
- Should the client fail to render payment for services, the right to confidentiality, in this regard, is limited to a 60 day period after which the client's account could be turned over to a collection agency.
- If the client is a minor and makes statements which lead the therapist to believe that the client may be a danger to self, the parent/guardian will be notified.
- If an adult client expresses intent of harming self or others, actions will be taken to prevent this from occurring. A warning would be issued to an individual being threatened with serious harm by a client if it appears that there is a significant danger associated with the threat.
- If an individual client reports abusing a child or an elderly person, whether physical or sexual, or if a client who is a minor reports being abused or neglected, the therapist is required by law to report this to the Mississippi Department of Human Services.

In the event that any of these conditions should arise, the therapist will make great effort to inform the patient before disclosing any confidential information.

**Initial \_\_\_\_\_**

**I have read and understand the above statements and agree with the content of each section.**

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Client Signature (or parent/guardian if client is a minor)

Date

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Witness

Date