

***Central Coast Employee Assistance & Counseling Services***

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**Office Policies and Treatment Contract Agreement**

I look forward to working with you during the coming months. The following information will assist you in your counseling process, so please read it carefully in order to avoid any misunderstandings. If you have any questions, please let me know.

**CONFIDENTIALITY:** An “informed consent form” is being provided for you separately in order to address issues of confidentiality. A signed copy of this agreement, along with the informed consent form will be provided for you.

**CONSENT FOR TREATMENT:** Counseling is voluntary in most cases, and I would like you to know that I respect the courage and strength it takes to explore concerns or issues which keep you from living a full life, even during hard times. Many times those I work with come to a place where they feel they are getting worse rather than better—This is common and almost always means we have touched on something that needs to be addressed either within yourself or with those you love. Sometimes it is a work-related issue that is similar to how you have been trying to manage your life at home that causes you to struggle. Other times it may be the “life strategies” you have been using for many years which no longer work for you. We will work together in exploring this in a safe environment.

**COMPLETION OF TREATMENT AGREEMENT:** I believe that “good” good-byes are important in life, as is true in counseling. I request that all of those individuals I am working with allow for a “closure session.” I prefer that this occur in person, so please plan on this when you and I decide it is time to either take a time off from regular sessions, or your counseling in complete.

**QUESTIONS:** From time to time questions may arise regarding your sessions, or special needs that have not been addressed. It is a part of healthy communication that you bring these things to my attention so that we can learn together what your needs are--please address them with me as they arise.

**TELEPHONE CALLS & SESSIONS:** Sometimes an issue may arise between our scheduled sessions which you will want to explore. I encourage you to call me for a brief 5-10 minute telephone call, if this should occur. If it looks like it is going to take longer, we will schedule a time for you to come in before your next scheduled session.

**EMERGENCY PROCEDURES:** All EMERGENCY care is provided through the emergency room at either hospital in our community; or by calling the SLO HOTLINE AT (800) 838-1381; or by calling 911. Please plan accordingly during the hours or days I am not available.

**FEES:** I am a provider for several different insurance companies, which many times pays the majority of session fees. I provide a billing service for your convenience so that we can stay focused on your special needs. The following will be of help to you:

- ❖ Co-payments are mandated by law and therefore are payable at each session, unless special arrangements are made. PLEASE DO NOT CANCEL AN APPOINTMENT BECAUSE YOU DO NOT HAVE YOUR CO-PAYMENT FOR THE WEEK OF YOUR SESSION. Call me so that arrangements can be made.
- ❖ Sometimes insurance companies have annual deductibles or services which are NOT covered. These fees are your responsibility.
- ❖ A \$25 return check fee is charged, if that should occur.
- ❖ A FULL session fee is charged to you directly if 24 hours notice is not given, or you miss your appointment, except in extreme emergency situations. (Calling over the weekend to cancel a scheduled Monday appointment does not provide me enough notice to call someone who may be waiting for your scheduled time—You will be charged for this time.) **The insurance company does not allow providers to bill for missed appointments.**
- ❖ All delinquent accounts are managed by a local collection service, so it is important that we both work together to ensure that your insurance company pays for services needed for your care and that you stay current with the balance.

Thank you for understanding the need for this contract agreement.

I, \_\_\_\_\_ agree to be responsible for all financial obligations as stated above. I have read and understand all of the above, and a signed copy is being provided to me.

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