**FEES AND PAYMENT**:

*Therapy with children, teens, and adults*

* Initial phone consultation (20 minutes): Free
* Therapy session (50 minutes, in-person or via video): $120
* Consultation with community supports (attending school meetings, coordinating care with community providers, preparation of reports or letters.): $50/per 30 minutes
* 50-minute parent check-in sessions: $60

Payment for all fees, including co-payments is required at time of service or we can make alternative arrangements for billing. **Please contact your insurance provider to determine what your financial responsibility for therapy will be.** A sliding scale may be agreed upon at the beginning of treatment.

**CANCELLATIONS:** Please provide 24-hour advance notice of any cancellations or need to reschedule. *Clients are expected to pay for any missed appointments cancelled with less than 24 hours’ notice.* I reserve the right to discontinue treatment with a client if session attendance is a regular issue.

**CONFIDENTIALITY**: All services are strictly confidential. No information about you will be released to any other person without your consent except for specific circumstances outlined in the Notice of Privacy Practices that has been included in your intake packet. Please note that I am required by law to inform appropriate parties if there is reason to believe that abuse or neglect of a minor may have occurred, or if you indicate intent to harm yourself or someone else, or if information is requested by a court order. Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name and protecting identifying factors.

**COMMUNICATION BETWEEN SESSIONS**

* I can be reached by phone at 802-343-0901. Please leave a voicemail with your contact information provided and I will contact you back within 48 hours.
* I can be reached by email at [AWaltien@gmail.com](mailto:AWaltien@gmail.com). Included in your intake paperwork is information on limitations of privacy via email. While I can appreciate the ease of email, I encourage families to not send emails with private information included, as I cannot ensure the confidentiality of information sent. All emails sent are sent at your own risk. I won’t be responding to emails promptly, so phone is often the best way to connect.
* I discourage the use of texting as it is not secure. Calling is best.

*If you or your child experience a mental health crisis and need urgent care, please call Essex Pediatrics at 802-879-6556, 24 hours a day and ask for the physician on call. You may also call me at 802-343-0901, though I cannot guarantee a prompt response. In a life threatening situation, call 911 or go to your local Emergency Department. You can also access 24/7 crisis support through Howard Center’s First Call if you’re in Chittenden County, 802-488-7777.*

**FREEDOM TO WITHDRAW:**

As in any relationship, problems can, and often will arise in a therapeutic relationship. If at any time you have concerns regarding your treatment, please bring them up with me as soon as possible. I will make every effort to try to resolve your concerns. You have a right to end treatment at any time. If you wish, I will provide you with names of other qualified providers.

**THINGS TO KNOW WHEN WORKING WITH CHILDREN:**

* Sessions are focused on the child and their need at the presenting time. I discourage guardians from using child’s session times to discuss concerns. Please contact me outside the session to arrange a time to discuss, as needed.
* If utilizing Telehealth, please be sure your child has a private, comfortable space to connect. Children will utilize the session more effectively when they understand that their privacy is honored.
* If I’m working with your child, periodic and as needed check-in’s with guardians is encouraged. Check-ins are an opportunity for us to communicate tools being utilized in therapy and how tools can be supported and encouraged in the home setting. I will reach out to you about scheduling these times and encourage you to reach out, as needed.

**SIGNATURE**: My signature below indicates that I understand and agree to the above policies.

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Client Signature Print Name Date

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Parent/Guardian Signature Print Name Date