**Kris Gooding, MSW, LCSW Florida/Psychotherapy Agreement**

For the purposes of helping you reach your goals of well being, I (Kris Gooding LCSW) will be providing therapy in **50 minute scheduled sessions\***. I take my role in your life goals very seriously and will, with sincere effort always try to keep scheduled appointments and fulfill any promises made to you. On occasion, it may be necessary that I cancel a scheduled or recurring appointment. The most likely reason this ever happens is if my child is sick and cannot go to school. I will provide the most advance notice as possible.

**I would like to also bring your attention to a few important matters:**

**APPOINTMENTS**

1. Please make every effort to keep all scheduled appointment that we make. I hold your appointment time once it is booked, often turning other potential clients away. Please **call me directly (301.806.0211)** with as much notice as you can give if there is something challenging your next appointment time.

**CANCELLATIONS: PLEASE READ;**

At minimum, **I require 48 (business) hours notice of cancellation** *(to me directly at 301-806-0211 TEXT and CALL please.).*

**With a notice of at least 2 days** (48 hours from time of appointment and business day Mon-Fri) there will be no charge for cancellations.

If **less than 48 hours** is given;

**A fee of 60.00 will be charged for within 24 hours notice.**

The **full session fee will be charged for less than 24 hours notice or no shows.**

*Please note: Insurance does not cover missed or cancelled appointments; therefore you will be solely responsible for the charge for a missed session.*

**FEES, INSURANCE AND BILLING**

1. Payment is expected at the time services are rendered. I am often able to submit the fee for each visit (with certain insurance companies with which I am a provider), but you will be responsible for any unpaid charges. Until your deductible is met you will be responsible for the entire fee.
2. Your **signature** on this form will also authorize Kris Gooding to release any information necessary to your insurance company for the processing of a claim for service. You also authorize Kris Gooding to receive payment from your insurance claims.
3. Payment is to be made to Kris Gooding at each session (check, cash, Visa, MC, Amex, HSA or PayPal) for your fee or copay.

**COMMUNICATIONS**

1. I am available by **phone (301-806-0211)**, text (same) or email**: kris@find-within.com** (HIPAA compliant). Text messaging is acceptable for setting up appointments, or communicating brief and simple things. However, for canceling or changing meeting times or for discussing any issues of relevance, phone messages and phone calls are preferred.

**OTHER SERVICES OR CHARGES**

Sometimes during the course of therapy, phone sessions for immediate or troubling matters that cannot wait until the next appointment time are needed. In these cases, I am usually able to schedule a time for a call within 24 hours if you text or call me to arrange that time. I am also able to receive and answer emails if you need to process a question or concern between appointments. I do charge for email read through and reply time as follows below.

Phone time cannot be billed to insurance. These are **self pay items** as follows:

20 minute phone session: 60.00 40 minute phone session: 80.00

Email: 20.00 each read and reply. (kris@find-within.com)

*Also due to the nature of my practice, I usually cannot offer the certainty of unscheduled phone meetings or immediate responses to emergency issues. If a situation arises for you that needs immediate attention, where you feel unsafe, or if you have any feelings or thoughts of harming yourself or others, I ask that you call 911 or another emergency contact or go to the nearest police station or hospital. If you call and I am able to answer I certainly will. If you leave a message I will try to get back to you in a timely way. However, if I am unable to answer and your situation is unsafe or critical, please take action to help yourself as described above. This is an important agreement that you will be accepting and promising by signing below. In addition, I can only guarantee a return call within one business day of your messages.*

**CONFIDENTIALITY**

Your conversations with me are confidential. I will keep your privacy except in circumstances where a life is at risk, a child is in danger or being abused, or when you have given me consent to share certain data with a certain individual or organization. In the above circumstances, I will share my decision with you.

***Please sign that you have read, understood and agree to the above:***

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_

My Contact Information:

**Address: 2830 NW 41st street Suite B   (Thornebrook III)     -  Gainesville, FL 32606**

Phone: 301-806-0211 Email: [kris@find-within.com](mailto:kris@find-within.com) (HIPAA compliant)

Mailing address: 5745 SW 75th St #129 – Gainesville, FL 32608

* **Session length is a standard 45 or 50 minute time based on several factors including insurance allowances. The time starts at the scheduled session meeting time regardless of arrival time. For my basic 50 minutes session, the first 45 minutes are dedicated to therapy and 5 minutes are allotted for scheduling and payment transactions I provide a clock so that you can monitor the time if you wish. Longer sessions are available with planning and scheduling. The fee s associated with adding 20 or 30 minutes can be discussed and outlined.**