

**CROSSROADS FAMILY COUNSELING CENTER, LLC**  
3611 Chain Bridge Road, Suite C  
Fairfax, VA 22030  
703-380-9045

**COUNSELING AGREEMENT**

Welcome to Crossroads Family Counseling Center, LLC. We appreciate your confidence in us to provide you, your child and/or your family counseling services. Below is some helpful information regarding the services we provide.

**APPOINTMENTS AND FEES:** The initial Intake session is usually 60 minutes. However, some counselors may request a longer intake session to gather information. After the intake session, appointments for individuals are usually for 45 minutes. Appointments for adults/families are usually 60 minutes. Groups are 45--60 minutes.

Fees vary by provider for the different types of sessions and will be discussed with you prior to your first session. Payment by cash, check or credit card is expected at the time of service. Checks should be made out to Crossroads Family Counseling Center, LLC. There is a \$5.00 charge if you pay by credit card or with a Health Savings Plan Card. This charge applies to each session that you pay for. You may make payments through PayPal on our website [www.crossroadsfamilycounselingcenter.com](http://www.crossroadsfamilycounselingcenter.com). Or you may give your credit card information to the counselor working with you and they can put the charge through using Square on a smart phone. Receipts for payment by cash, check or credit card will be provided at the time of payment. These receipts can be submitted to your insurance provider if you choose to seek reimbursement.

There is a \$25 fee for payments that are more than 7 days late. If late payment occurs more than once, you will be asked to provide your credit card information to Crossroads Family Counseling Center, LLC so that we may charge your credit card after each appointment and can avoid charging you further late fees. You will receive notification of and receipts for all charges. At the time of termination of services at CFCC, your credit card information will be returned to you or destroyed.

**CANCELLATION POLICY:**

If you need to cancel or reschedule an appointment it is expected that you give 24-hours' notice. Otherwise, you will be charged the full amount for missed appointments. Exceptions will be made for unexpected accidents or illnesses requiring absence from school or work, emergency care, or hospitalization. Insurance companies cannot be billed for missed appointments.

**CONFIDENTIALITY:**

Information will only be shared with others outside of Crossroads Counseling Center, LLC under the following conditions: 1) if your child is in danger of hurting him/herself or anyone else; 2) if your child shares that she/he is being abused, another child is being abused, or a vulnerable adult is in danger; 3) a court order demands a release of information; 4) with written or verbal consent or from the child's legal guardian. Please review the Notice of Policies and Practices to Protect the Privacy of Your Health Information (HIPPA) on our website. By signing this agreement you are indicating that you have reviewed the Privacy

Notice and that you understand your rights regarding your individual identifiable health information as presented and consent to the use of PHI for the purposes of treatment, payment or other health care operations.

**EMERGENCIES:**

Your therapist will provide their individual cell phone number which you may call in the event of an emergency. We are available to return calls from 9:00am-5:00pm Monday-Friday. If we are not readily available by phone, you are welcome to leave a message on the voicemail and we'll return your call as soon as possible. If your therapist is unavailable or it is the weekend and you or your child are in crisis please go to your local emergency room or call 911.

**Woodburn Mental Health Center** is also available 24 hours a day. The number is **(703) 573-5679**.

**PHONE CALLS/E-MAIL AND WRITTEN REPORTS:**

Appointments can be scheduled by phone or email. If you have a concern that cannot wait until your scheduled appointment and requires counseling by phone or email, you will be billed \$2.00 per minute after the first 5 minutes. There is a \$100/hour charge for preparation of reports and treatment summaries. You should be advised that your insurance company may not reimburse you for the telephone/E-mail consultation.

**COURT APPEARANCE:**

It is not our customary practice at Crossroads Family Counseling Center, LLC to attend court. We do not provide custody evaluations or go to court regarding custody disputes. If for some reason there is a request for a court appearances, fees are \$2,000.00. Full payment is due seven days prior to the court date.

**SOCIAL MEDIA:**

Crossroads Family Counseling Center, LLC therapists do not accept friend or contact requests on Facebook/Linked In or other social media sites from current or former clients. Having clients as friends or contacts can compromise confidentiality and privacy. It may also blur the boundaries of the therapeutic relationship.

However, you are welcome to go to the Crossroads Family Counseling Center, LLC page on Face Book and "Like" it.

**Please note:** Crossroads Family Counseling Center, LLC reserves the right to change the policies, practices and procedures described in this document. You will be notified in writing of any significant changes.

By signing the attached form you are indicating that you have received and read the information in this document, you have discussed the contents and you agree to abide by its terms.

This information has been explained to me:

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

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If child is under the age of 18 years old).

