



Statement of counseling Policies and Procedures

YOUR COUNSELOR IS: _____
(First name) (Last name)

Please leave a confidential voicemail message any time for your counselor regarding rescheduling, appointment changes, cancellations, etc., by calling: **(407) 949-4000, EXT. _____**

Please initial next to each section indicating your acknowledgement of the policies and procedures.

COUNSELING SESSIONS _____

Counseling sessions with an Oviedo Counseling Clinic (OCC) graduate student intern counselor are available weekly. Sessions are scheduled to begin on the hour and are 45 minutes in length. Sessions will end at 45 minutes past the hour. Therefore, it will be to your advantage to arrive on time so that you can benefit from a full-length session.

FEES _____

We charge a **\$40 administrative fee per session** in order to help cover some of our costs. Reduced Fee Applications are available for those who qualify. **Payment is due** to [Northland Church](#). Should you be unable to pay for a session, you will need to make arrangements in advance by notifying your counselor of a need for a payment plan.

RESCHEDULING APPOINTMENTS _____

It is our policy to schedule you for a “standing appointment.” Your counselor will confirm, at the end of each session that you intend to come at the same time for your next scheduled appointment. Ask your counselor if you occasionally need to come at a different time. They will see if an alternative appointment time is available. Please be aware that repeated cancellations or no-shows will result in the loss of your standing appointment.

CANCELLATIONS _____

If you must cancel your appointment, please **call the number below at least 24 hours in advance** of your scheduled time. This number is available 24 hours a day for confidential voicemail messages. **Failure to do so** will result in you being invoiced the **\$40 fee**, payable on your next visit. Your counselor has reserved a room for your session and has made himself/herself available for you at this time. Advance cancellations allow us to make the most efficient use of counselor time and office space.

NO SHOWS _____

If you fail to show up for an appointment and have not notified your counselor 24 hours in advance, you will be considered to have been a “no-show.” **It is your responsibility to contact your counselor before your next session to confirm your next appointment** by leaving a message on his/her voicemail. Be sure to leave your name and number and a convenient time for your counselor to call you back. We appreciate your desire to be well during your appointment, so if you become ill please let us know as soon as you can, so that we can reschedule you.

BOUNDARIES _____

OCC prohibits counselors from sharing personal contact information with their clients. This includes personal cell/home phone, texting, social media, email, mail, or any other means. All communications are to be through face-to-face interaction at OCC/telehealth or through counselor or staff designated voicemail box through Northland.

Client Signature:

Date:

Counselor Signature:

Date: