

## Statement of counseling Policies and Procedures

YOUR COUNSELOR IS:	
(First name)	(Last name)
Please email your counselor regarding rescheduling.	, appointment changes, cancellations, etc., at or call our office at 321-244-3308
Please initial next to each section indicating your acknowledgement	of the policies and procedures.
<b>COUNSELING SESSIONS</b> Counseling sessions with an Oviedo Counseling Clinic (OCC) graduate scheduled to begin on the hour and are 45 minutes in length. Sessions v your advantage to arrive on time so that you can benefit from a full-length.	student intern counselor are available weekly. Sessions are vill end at 45 minutes past the hour. Therefore, it will be to th session.
FEES We charge a \$50 administrative fee per session in order to help cover a limited basis for those who qualify. Payment is due to Oviedo Counse result in suspension of your appointment until payment is rende to make arrangements in advance by notifying your counselor of a need	eling Clinic <b>before each session</b> . Three missed payments will
RESCHEDULING APPOINTMENTS  It is our policy to schedule you for a "standing appointment." Your cour to come at the same time for your next scheduled appointment. Ask you time. They will see if an alternative appointment time is available. Plea in theloss of your standing appointment.	ur counselor if you occasionally need to come at a different
CANCELLATIONS  If you must cancel your appointment, please call the number below at number is available 24 hours a day for confidential voicemail messages, payable on your next visit. Your counselor has reserved a room for you this time. Advance cancellations allow us to make the most efficient uses	. <b>Failure to do so</b> will result in you being invoiced the <b>\$50 fee</b> ur session and has made himself/herself available for you at
NO SHOWS If you fail to show up for an appointment and have not notified your coubeen a "no-show." Please note, two "no shows" will result in the loss of contact your counselor before your next session to confirm your next sure to leave your name and number and a convenient time for your counduring your appointment, so if you become ill please let us know as soo	your standing appointment. It is your responsibility to at appointment by leaving a message on his/her voicemail. Be unselor to call you back. We appreciate your desire to be well
BOUNDARIESOCC prohibits counselors from sharing personal contact information witexting, social media, email, mail, or any other means. All communicat OCC/telehealth or through counselor or staff designated email through I	ions are to be through face-to-face interaction at
Client Signature:	Date:
Counselor Signature:	Date: