

**Blakely Patterson, LMFT**  
**2021 21st Avenue South, Suite #426**  
**Nashville, TN 37212**  
**615-631-4279**

## **Practice Policy**

### **NEW CLIENTS**

Welcome to my office. I think it is important for you to feel comfortable at your initial visit, to feel free to ask questions, and to get information that will make your first visit helpful and comfortable. I would like to make some comments about therapy and what you can expect from me as your therapist and also what I expect from you as a client.

### **THERAPY**

Determining a treatment plan for a client involves a collaborative effort between the therapist and client. Reviews of how therapy is progressing are important and are carried out periodically. Clients are encouraged to ask questions at any time about the treatment plan or issues related to therapy.

### **CONFIDENTIALITY**

Anything discussed in therapy is strictly confidential unless you sign a release of information form that gives me permission to discuss your therapy with another person, usually a physician or another professional. There are legally defined exclusions to confidentiality that are determined by the State of Tennessee which require me to release information if your statements and/or behavior indicate 1) the likelihood of danger occurring to yourself or others or 2) suspected physical or sexual abuse or neglect of a minor. 3) Also, you may relinquish your right to confidentiality if your records are subpoenaed by a court of law.

Confidentiality cannot be guaranteed using emails, and for this reason I do not make a practice of using this method of communication.

### **EMERGENCY CALLS**

From time to time clients have a need to contact me after hours. If an emergency occurs and you believe you cannot wait until the next business day to contact me, you may leave a message at 615- 631-4279. If I am out of town for an extended time, the voice message system on my office telephone will direct you to the nearest emergency room where there is a mental health professional available at all times. You can also dial 911 or go to your nearest emergency room. On weekends I am sometimes out of cell phone range for the entire weekend. During those times, I will check messages on Sunday evening when I return and call you. Again, if you need immediate assistance follow the instructions above.

### **APPOINTMENTS AND CANCELLATION POLICY**

Appointments typically occur on a weekly basis unless we agree to another schedule. Your appointment begins at our agreed-upon time and that time is held exclusively for you. Most appointments are 55 minutes.

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In order for me to better serve those clients who are waiting for an appointment, it is important that you call at least 24 hours in advance to notify the office of a cancellation. Failure to call and cancel may result in you being charged for the missed appointment.

There are times when illness or accidents, etc., prevent clients from giving 24-hour notice, and these are times when I am happy to make an exception. Please do not hesitate to ask me any questions regarding this policy.

### **PAYMENT POLICY**

I ask that payment be made at time of service. My fee is \$125 for 55-minute therapy sessions. Therapy sessions that are not 55 minutes will be prorated, as will any fees for reports, special letters, review of materials (including emails) or special telephone calls.

Court-related work that is not therapy is billed at a separate rate depending on the nature of the work.

My office does not bill insurance carriers. Some insurance companies will pay a portion of the fees when a licensed therapist provides services. Please let me know if you need a receipt to submit to your insurance carrier. You can contact them directly if you have any questions about your mental health benefits.

There is a \$20 fee for returned checks due to insufficient funds.

Accounts that are 90 days overdue may be submitted to a collections agency with whom I contract. It is my preference that all problems with payment be worked out between me and my clients instead of sending unpaid bills to a collection agency. I encourage clients to discuss billing with me at any time.

### **ELECTRONIC COMMUNICATIONS**

I have published an Electronic Communications Policy because the use of various types of electronic communications is common in our society, and many individuals believe this is the preferred method of communication with others, whether their relationships are social or professional. Many of these common modes of communication, however, put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, the Electronic Communications Policy has been prepared to assure the security and confidentiality of my patients. Please review the downloadable policy available on my website.

### **MISCELLANEOUS**

In cases where I am seeing a child whose parents are divorced and have joint custody, I require that both parents give consent for me to provide treatment to the child before I begin therapy.

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The focus of my work with children requires the parents' or caregivers' involvement from time to time. Parents should understand that information shared with me by either parent about the child that could lead to distress or harm of the child will be shared with the other parent.

Please feel free to ask questions regarding your therapy or office policies at any time.

**PLEASE SIGN BELOW TO ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THESE PRACTICE POLICIES. PLEASE FEEL FREE TO ASK QUESTIONS AT ANY TIME.**

**Signature**

**Date**

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