

**MINDBODY THERAPY & HEALING INC.
SUZANNE NIXON, EdD, LPC, LMFT
19415 DEERFIELD AVENUE SUITE 307
LANSDOWNE, VIRGINIA 20176
703-729-0505**

INFORMED CONSENT AGREEMENT

My policies, procedures, services and fees are specified below. Please read, and then sign the last page indicating that you have read this agreement and consent to all policies contained within. Detach the last page and bring to your first session. Thank you!

Counseling Services and Fees

As a licensed professional counselor and licensed marriage & family therapist, I provide the following services:

- Individual counseling & psychotherapy
- Marriage therapy
- Relationship therapy
- Family therapy
- Walk & Talk therapy

Fees for sessions:

- Initial sessions – 75 minutes in length: \$225.
- Regular sessions – 50 minutes in length: \$150.
- Extended sessions - 75 minutes in length: \$225.
- Walk & Talk sessions – 60 minutes in length: \$160.

These fees are effective as of January 1st, 2012.

I am a fee for service counselor. I do not participate with any insurance company. As a licensed counselor, clients who have a PPO insurance plan, a percentage of my fee is commonly covered. Contact your insurance company for specific reimbursement information.

Mind-Body Therapy and Fees

Mind-body therapy is a holistic approach to therapy based on the mind body connection. In the past decade, volumes of evidence based research validating this approach as an effective therapy for helping individuals experiencing psychological issues, such as anxiety, depression, eating disorders and ptsd, acute and chronic stress, and physical/health problems. As a mind-body therapist I incorporate an array of methods and techniques, including meditation, guided imagery, journaling, stress management, energy work, and somatic therapy.

Fees for sessions are the same as counseling sessions.

Please note, if you choose to submit these sessions for insurance reimbursement, often, mind-body therapy is not covered unless accompanied by a physician's note, or as an approach used in counseling/psychotherapy.

Integrative Health Coaching and Fees

I have completed training as an integrative health coach at Duke University's Center for Integrative Medicine. Coaching actively engages individuals in creating positive behavioral change and living a healthy lifestyle. I offer Integrative Health Coaching for individuals & groups in the public & corporate setting.

Fees vary depending on coaching contract agreement. The minimum coaching contract for individuals is three months. Coaching groups typically are three to six months in duration.

Health insurance companies are beginning to reimburse for health coaching. Check with your insurance company, and also inquire about coverage through your health savings or flex account.

Payment and Billing

Payment is due at the time of services and can be made by check or cash. Checks are payable to Dr. Suzanne Nixon or MindBody Therapy & Healing, Inc.

I accept Visa and Mastercard, however, only on an "as need" basis, due to the high costs of merchant services.

Returned checks incur a \$20.00 charge. I give receipts at the end of the month unless otherwise requested. Please let me know if you will be wanting receipts for services so I may have them prepared for you.

Insurance

As stated previously, I do not participate with health insurance companies. If you are enrolled with a plan that accepts "out of network" providers, it is your responsibility to check with your insurance company, and obtain the necessary insurance forms to complete for forwarding.

If I am asked by you to complete insurance forms, I charge for my time. The first ten minutes are complementary. Beyond that, I prorate my customary hourly fee for administration/insurance tasks. This administration fee is typically NOT reimbursable by your insurance company. If your insurance company erroneously sends payment for services rendered to me, I neither accept payment nor reimburse the check to you. All insurance checks are mailed back to the insurance company.

Therapeutic Sessions: What to Expect

People seeking counseling are wanting to better their lives. They are people who have "awareness of self", realizing their personal life, relationships, or family life could be better. It is an act of responsibility and courage, and a statement of readiness to create a happier and healthier life.

Beginning Sessions

During a first session clients share their reason for seeking counseling or mind-body therapy. I listen, ask relevant questions, and together we identify your needs, objectives and goals. If I can be of help to you, and you the client are comfortable with my approach and style, we schedule sessions. For your first session, either download the initial forms, complete and bring to session, or arrive 15 minutes prior to your appointment and fill out these forms. Forms include: Client Intake; Informed Consent Agreement, HIPPA, Email Policy.

Attendance & Cancellations

Consistent attendance is essential in order for counseling to be beneficial and successful. Clients begin therapy on a weekly basis. Depending on the reason for counseling, clients may participate in counseling briefly, two to six months, or for a longer period of time. At some point in the counseling process, sessions may move to a bi-monthly basis. The counselor and client discuss when to make this transition.

I am prompt and sessions start and end on time. If you are late for a session I do not go overtime. If you need to cancel your appointment please give 24 hours notice in order to avoid a full charge (\$150.). During inclement weather I call clients either the evening before or morning of, to either cancel or confirm. If you cannot make your scheduled appointment because the weather is hazardous please call me as soon as you make that decision. The 24-hour cancellation notice and fee is waived.

Coming to closure in the counseling process is a significant point. Please allow at least 1-2 sessions for closure/termination.

Emergencies & Out of Town

When I am out of town and you are experiencing an emergency, please:

Call your primary care physician or psychiatrist, or

Call 911, or

Go to your nearest emergency center.

When I am out of town, for vacation or for professional training, and you would like to see one of my colleagues during my absence, please let me know and I will provide that contact information. When in town, I check my messages once a day.

Confidentiality

In this counseling relationship, information about you is kept confidential. This includes all information regarding you and our work together, i.e.: your history, diagnosis and treatment. However, by law, I am required to report information if, I determine that you are a danger to yourself or others; there is evidence you are abusing or neglecting children/spouse; I am ordered by the courts to release information; I am ordered by the social service agency to release information as part of an evaluation or intervention. In order to share information about you with another professional, like a psychiatrist, physician, as per your request, or at the request of the professional, you must sign a release form.

Due to issues of security and confidentiality, I do not participate in email correspondences with clients, with the exception of scheduling appointments. Kindly do not email me therapeutic content about you or a family member. Thank you!

If you have any questions? Please ask. I am happy to clarify.

Please read, check the appropriate category, sign and bring to your session.

I am here for: (please check and initial):

- _____ Initial Consultation
- _____ Individual Counseling
- _____ Marriage Therapy or Relationship Counseling
- _____ Family Therapy
- _____ Mind-Body Therapy
- _____ Walk & Talk Therapy
- _____ Integrative Health Coaching

___ I have read this informed consent agreement, and agree to the structure and terms of the therapeutic services.

_____ please initial

___ I understand that Dr. Suzanne Nixon does not participate with any and all health insurance companies.

_____ please intitial

___ I accept full responsibility of payment for services rendered.

_____ please initial

It is helpful for me to know if you will be contacting your insurance company. I will then prepare the needed receipts for your submission.

___ Yes, I will be contacting my insurance company concerning reimbursement

___ No, I will not be contacting my insurance company concerning reimbursement

Print Name

Sign Name

Date

Updated January 2012