



Clinton T. Hamm, LMFT - Practice Policies

FEE: The fee for all types of counseling services is \$135 per clinical hour (50 min.). Session cancellations are to be made 24 hours in advance to avoid being billed the fee for the scheduled session. Future appointments cannot be reserved after two consecutive “no shows.” If you do not have your payment at the beginning of the session, we will have to reschedule to another time when you can make the payment. You will owe for that session as well as the rescheduled one. I do not accept insurance. A sliding fee scale will be made available to clients who express the need for an adjusted fee. Fee adjustments will correspond to the scale provided.

CONFIDENTIALITY: Professional ethics and Tennessee law indicate that confidential information is controlled by the client. Therefore, as a general rule, information shared in sessions with a counselor will be held in confidence. **Two exceptions** to this general rule: In the case of an emergency where the counselor believes the client is at risk of hurting himself/herself or another person, the counselor may breach the requirement of confidentiality. Secondly, Tennessee law requires that child abuse in any form be reported to the Department of Human Services or other authority such as a Juvenile Judge.

Clients sometimes prefer to communicate via text message or email. While such communication is accepted, it is important for the client to understand that email and text are not secure modes of communication. The correspondence is at risk of being intercepted, can be monitored by email/phone providers, and human error could result in someone else receiving the message other than the intended therapist. If the client chooses to correspond with me via text or email, the correspondence will be printed and kept in the client's file.

When working with minors, I will not share the content of sessions with parents/guardians, unless the content must be shared for safety reasons or if my therapeutic judgment warrants sharing content for the welfare and health of the minor. I can discuss progress and treatment plans in general terms with parents/guardians. Parents are encouraged to be a very active part of the counseling process; be prepared to be in session with your child at times and to have “homework assignments” for your family. Parents are required to remain on site during their child's (under age 16) appointments to be available for emergencies and to be involved in the therapeutic process.

PROFESSIONAL SERVICES: I am available for counseling appointments at select times throughout the week. I can be reached by phone (615-708-3051) and email (clint@clintontimothy counseling.com) for scheduling purposes. If you have an emergency, you may obtain assistance by calling the Crisis Help Line at 244-7444, the YW Domestic Violence Center at 242-1199, or by going to your local hospital emergency room. For a crisis with minors you can call the mobile crisis line at 866-791-9222. I may be unable to respond to texts and emails in a timely manner, therefore do not text or email me when you are in a crisis and feeling suicidal, overwhelmed, or unsafe. Please call the crisis line or go to your nearest emergency room in these instances.

I am not a certified Custody Evaluator or an Expert Witness, as defined by the legal system. As a therapist, I am not permitted to make any judgments on custody. I do not testify unless required by a court order. In the case of my death, incapacitation or termination of practice, Shonda Vaughn, LPC-MHSP will assume responsibility for the management of my client's therapy and records.

BENEFITS/RISKS of COUNSELING: Counseling can motivate people to make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. Changes might also be made in marriages or significant relationships (as with parents, friends, children, relatives etc.). While I will assist the client in effecting change, I cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

CREDENTIALS: Master of Marriage & Family Therapy and State of Tennessee license: *Marital & Family Therapist (#1447)*.

By signing this document, I am providing my consent to participate in treatment according to the conditions and provisions of these practice policies. I now understand the limits of confidentiality as well as the benefits and risks of counseling. I further acknowledge that I have read and understand the contents of this document.

Client(s) Signature(s): _____ Date: _____