

**Julie Weaver Counseling
5409 Maryland Way, Suite 305
Brentwood, TN 37027**

**615-491-0991
Julie.Weaver@JulieWeaverCounseling.com**

Practice Policies

Session and Fee Policies

Standard counseling sessions are 50 minutes for a fee of \$125 which also covers my time on your behalf outside our sessions for preparation and recordkeeping. The fee can be paid by cash, check, debit card (including Health Savings Accounts) or credit card. Longer sessions for an additional fee may be scheduled as necessary. Cancellations may be made 24 hours in advance; otherwise, you will be billed for the full session fee. I do not testify in court unless required by a court order. Court appearances or related calls and documentation are \$200 per clock hour. I do not accept insurance but at your request will provide a receipt and documentation for you to file an insurance claim.

Confidentiality and Communication

Professional ethics and Tennessee state law indicate that confidential information is controlled by the client. This means that information shared in sessions with a counselor will be held in confidence. There are two exceptions to this, however. 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 or elder abuse in any form be reported to the appropriate state or other authority.

In communication, individuals sometimes prefer to communicate via text message or email. I do accept this form of communication, however it is important for the client to understand that email is not a secure mode of communication. The correspondence is at risk of being intercepted and can be monitored by email providers. Also, human error could result in someone else receiving the email other than the intended recipient. It is important to note that text messages carry the same level of risk. Text messages can be intercepted, stored on a device and later read by others, read by phone providers, or sent to non-intended individuals. If the client chooses to correspond with me via text message or email, the messages and emails 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 therapist judgment warrants sharing content for the welfare and health of the minor. I will discuss progress and the treatment plan in general terms with parents/guardians. Parents are encouraged to take an active part in the counseling process.

Professional Services

I am available for counseling appointments at select times throughout the week. My phone number is 615-491-0991. You can also reach me by email at Julie.Weaver@JulieWeaverCounseling.com. I do not do phone consultations. If you have an emergency, you may obtain assistance by calling 911, calling the Crisis Help Line at 615-244-7444, or by going to your local hospital emergency room. I will 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.

Benefits and Risks of Counseling

Persons contemplating counseling should realize that they may make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may also make changes in their marriages or significant relationships, such 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

I am a Licensed Marital and Family Therapist in the State of Tennessee (license #1129) and have a Master's degree in Marriage and Family Therapy. I have completed EMDR Level II training and am also a Certified Clinical Trauma Professional.

Do you have any questions about fees, confidentiality, or other matters? Yes ___ No ___

Do you agree with the conditions and provisions of these Practice Policies? Yes ___ No ___

I give permission for Julie Weaver to correspond with me via text messaging and/or email. Yes ___ No ___; email only ___ text only ___

I agree to give Julie Weaver authorization to work with my child(ren) as his/her/their counselor. Yes ___ No ___

I agree to the fee payment of \$125 per 50 minute session. Yes ___ No ___

Signature of Responsible Party(ies): _____

Date: _____

Julie Weaver, LMFT, CCTP