

Denise O'Doherty LPC, MSN, LMFT, LCDC, RN  
Licensed Professional Counselor, Licensed Marriage and Family Therapist  
3131 Eastside St. - Suite 435, Houston, Texas 77098 (713) 524-9525

**General Office Policy**

**Insurance**

Almost everyone I see gets reimbursed through their insurance using Out-of-Network benefits. You may want to check with your insurance company to see if you are covered for Out-of-Network benefits. I can give you a receipt for your visits which will include the necessary information needed by the insurance company for you to get reimbursed. You can then send this form to them for reimbursement once your deductible is met. You may want to find out your deductible, what percent of each session is covered and if there is a limit to the number of sessions allowed before you come in.

**Fees / Session Length**

The fee for each session is required at the time of service. Hourly sessions last approximately fifty (50) minutes. An hour and a half session would last 75 continual minutes. I can accept cash, checks and credit cards (no amex).

Individual (50 min.)	\$175	Reports or Letters	\$80 per 30 min.
Family/ Couple (50 min.)	\$180	Returned Checks	\$20 per check
Group (90 min.)	\$ 70	Missed Appointments	service rate
Consultation (50 min.)	\$175	Court/Attorney Consultation	\$275 per hour

**Cancellations**

Your session time is reserved for you. Twenty-four (24) hour notice is required for cancellations or you will be charged the full-service rate. Cancellations for Monday are required to be made on Friday.

**\*\*\*Please make any appointment changes or cancellations via phone only.\*\*\***

**No texting and no emails. The office phone has call notes and does not take text messages.**

**Emergency Policy**

My practice is by appointment only as opposed to crisis intervention. If you are in a crisis and want to talk to me, please call me and leave a message. I check my voice mail and messages several times a day and can be reached by calling (713) 524-9525. If I am out of the office and you have an emergency, please leave a message for me, call your psychiatrist if you have one, and call 911, MHMRA Crisis Unit (713) 970-7000 or go to the nearest hospital emergency room. I will get back with you as soon as I can.

**Notice of Privacy Act**

I have been informed of the Notice of Privacy Act. I have been offered a copy of the Notice of Privacy Act. Copy accepted \_\_\_\_\_ denied \_\_\_\_\_.

By signing below, I designate that I fully understand the office policies regarding insurance, fees, cancellations and emergencies. I also acknowledge that I have been informed of the contents of the Notice of Privacy Act. Thank you.

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(Client Signature)

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(date)