

Denise O'Doherty LPC, MSN, LMFT, LCDC
Licensed Professional Counselor, Licensed Marriage and Family Therapist
3131 Eastside St., Ste. 435, Houston, TX 770098
(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 with Out-of-Network benefits. I can give you a receipt for your visits which will include all the necessary information needed by the insurance company. You can then file with them and they will reimburse you directly 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.

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. Checks are preferred.

Individual (50 min.)	\$180	Reports or Letters	\$90 per 30 min.
Family/ Couple (50 min.)	\$180	Returned Checks	\$25 per check
Group (90 min.)	\$ 75	Missed Appointments	service rate
Consultation (50 min.)	\$180	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 the prior Friday.

*****Please make any appointment changes or cancellations via phone 713-823-4001 or text 713-823-4001*** No emails please.**

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 on vacation or leave, I will have someone "on call" that you may contact in my absence. In case of an emergency and you can not reach me, you can call 911, United Way Crisis Hotline (713) 228-1505, MHMRA Crisis Unit (713) 970-7000 or go to the nearest hospital emergency room.

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.

(Client Signature)

(Date)

