**Steve Sommers LMFT, LMT**

**Practice Policies and Fees**

**Confidentiality:**

Sessions are strictly confidential. In compliance with Federal and State laws, I will only share your confidential information if I have your signature on a qualifying document or by court order. I may seek consultation and share details of your case with other professionals in order to provide you with the most effective and ethical service. By writing their name(s) on the line below, you can give me permission to speak about the details of your case to any other current members of your helping professionals team. Your personal identity will be kept confidential in any professional consultation unless I am speaking directly to a member of your professional team that you have named below, or on another qualifying document:

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I understand that as a licensed health care practitioner, Steve Sommers LMFT, LMT has a “duty to warn” under the following circumstances: if Steve believes I am a danger to myself or others, if Steve believes or knows that I am abusing a minor, a senior, or a disabled or otherwise impaired person, or, if he becomes aware of past abuse of a child that has not been previously reported to the authorities.

**Risks and Benefits of Therapy:**

People who choose to undertake therapy often make changes in the circumstances in their lives. These changes may involve their family relationships, spousal relationship, work / career relationships, or friends and social community. They may begin to feel differently about themselves or about virtually any other aspect of their lives. To the best of my abilities, I will support clients through the process of transitions, healing, and changes; and, ultimately each client is responsible for their own growth and their own choices.

**Professional Availability:**

I am generally available for sessions Tuesday through Friday 10 am – 8pm. Select Mondays may be available for appointments as well. My business phone number is 615.947.7841. I can be reached by phone for scheduling, accountability, or emergencies. If I am unavailable by phone during an emergency, you will be expected to call the crisis hotline at 615.244.7444, call 911, or go to the nearest hospital emergency room. Phone calls that exceed 15 minutes will be charged at the current session rate.

**Payment Policies and Session Fees:**

Payment is due at the time of service. Checks can be made payable to Body Perspectives. For payment, Body Perspectives accepts cash, checks, credit, debit cards, or Zelle. There will be a courtesy service fee of approximately 3.5% added to credit card payments made for in person sessions. Body Perspectives does not take insurance at this time.

Non-emergency cancellations with less than 36 hours notice will be charged in full for the missed session unless your appointment is filled. No shows will be charged in full. Emergency cancellations will be considered on a case-by-case basis. Sessions started late because of client tardiness will end on time. Sessions started late for any other reason will receive the full time or be prorated financially at an advantageous rate to the client.

Fees: $135 flat rate per therapy hour (45 - 60 minutes,) $190 “special rate” session fee for regular clients (80 - 95 minutes,) Intake Session Fee is $190 (80 – 100 minutes.) A limited number of sessions are available at a sliding scale fee. Sliding scale sessions must be requested.

**Credentials:**

I received a Master’s Degree in Marriage and Family Therapy and hold a License as a Marital and Family Therapist (TN#872.) I am certified as a Massage Therapist, Registered as a Practitioner of Jin Shin Do® Bodymind Acupressure® and hold a License as a Massage Therapist (TN#729.) I am a Certified SomEx® Practitioner and Supervisor as well as a Senior Authorized Instructor of Jin Shin Do®.

**I understand the above practice policies and agree to abide by them. Yes\_\_\_\_\_No\_\_\_\_\_**

Name (please print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_