

Ravita T. Omabu Okafor, MSW, LCSW
Policies & Procedures

Client's Name: _____

Clients Served: This practice is available to adults, adolescents, and children for individual, couple, family, &/or group therapy.

Sessions: Sessions last 45 minutes and should and begin/end promptly to avoid inconveniencing you or another client. I have voice mail available 24 hours/day and will return most calls within 24-48 hours. Should a mental health emergency arise that necessitates more immediate attention, please contact Wakebrook Crisis Stabilization Center (984-974-4850), Holly Hill Hospital (919.250.7000), or 911. Please **DO NOT** text me to report an emergency.

Fees & Payments: The fee for a diagnostic interview is \$150, while the fee for a routine, 45-minute session is \$140 (unless I have agreed to a pre-contracted rate with your insurance company). If sessions exceed 45 minutes, I may bill you for the extra time. If you have insurance, I will file the claims for you. You are responsible for applicable copays and deductibles at the time of service. I accept cash, checks, and debit/credit/flex cards. I will assess a \$25 fee for all bounced checks.

While I expect to perform most counseling services in my office, I realize that some circumstances may warrant telephone contact. Accordingly, I bill for calls exceeding five minutes.

Please note that if you do not give 24 hours' notice of canceling an appointment, you will incur a \$65 for the time reserved. That amount must be paid before additional sessions are scheduled. Missed appointments may result in your losing your preferred appointment time. Insurance companies do not pay fees for missed appointments.

Reports: Should you need documentation sent to another provider, please note that I may need 30 days to process this request due to previous requests and ongoing appointments.

Waiting Area/Conference Room:

I understand that circumstances may necessitate leaving children unsupervised in the waiting area while caretakers are in session. Unsupervised children should be sufficiently responsible enough to maintain safe/appropriate behavior and interact respectfully with others and office property. No firearms or other weapons are allowed on the premises.

Signing below indicates consent to receive treatment by Ravita T. Omabu Okafor, MSW, LCSW. If client is a minor, signature of the legal guardian will serve as consent for treatment. Signing below also acknowledges receipt of Notice of Privacy Practices and Policies and Procedures, and consent to bill your health insurance provider.

Responsible Party's Printed Name

Signature

Date

Ravita T. Omabu Okafor, MSW, LCSW

Date