

Information for Care and Treatment

Psychotherapy is a treatment designed to help persons deal with emotional, behavioral, and relationship problems. It has helped many people manage difficult life situations and find greater stability and richness in their lives. Nonetheless, no guarantees or warranties with regard to outcome or cure can reasonably be given. It is not unusual for treatment to give rise to complex and difficult feelings. You are encouraged to share these with me as freely and openly as you can.

Regular attendance at your sessions is important for treatment success. Sessions are normally scheduled once or twice each week. If you find that you cannot make a scheduled session, let me know at least twenty-four hours in advance so that you will not be billed for that session and so that a new appointment can be scheduled at an early date. Sessions not cancelled twenty-four hours in advance will be billed. If you need to get in touch with me between regularly scheduled appointments, you may leave a message at 317-610-0760. *In case of an emergency, please leave a message and go to a hospital emergency room or call 911.*

Session Length and Your Fee

Each Regular Session is 50 minutes in length. In some cases, an Extended Session of 75 minutes may be agreed upon. Session fee agreements will be set during the first session. Payment is due at the time of every session. The therapist does not accept insurance assignments or negotiate fees with insurance companies, but will assist you if you believe that you have insurance which will reimburse you for a portion of your bill. You are ultimately responsible, however, for the cost of your treatment. Any unpaid balance is billed at the end of each month. Fee increases may occur on an occasional basis. You will be given a two-month notice in such cases.

Individual Psychotherapy 50 minute session - \$110.00

Frequent and extraordinary phone calls and paperwork - \$50.00 per hour

Returned check/declined payment fee - \$75.00

Other Fees: _____

Your Fee is \$ _____ per _____ session, _____ week

About Your Therapist

Brianna Finney has Master of Arts in Clinical Mental Health Counseling. She is a postgraduate resident, working toward requirements for licensure as a Licensed Mental Health Counselor (LMHC). She received her training at Christian Theological Seminary, graduating Magna Cum Laude in her class. Her training focused on psychodynamic theories and techniques in working with individuals. She is a member of the American Counseling Association (ACA) and Indiana Counseling Association (ICA).

Informed Consent/Authorization for Counseling Services

I understand the information contained in this Information Sheet, have been offered an opportunity to discuss its contents, and request and authorize the therapist to provide such mental health services as are deemed advisable.

Signature _____ **Date** _____

Therapist Signature _____ **Date** _____