

Kendra K. Allen, LPC-MHSP

Licensed Professional Counselor, Mental Health Services Provider

Important Information about your Therapy

Thank you for allowing me the opportunity to meet with you. The decision to enter personal counseling or psychotherapy for yourself or with family members is an important one. In making this decision it will be helpful for you to familiarize yourself with the following information. Please feel free to discuss any questions or concerns you might have with me at any time during our work together.

As a client, you will be encouraged to give feedback and actively participate in the direction of your therapeutic goals. If you are dissatisfied with your therapy at any time, please let me know in order that we can work together toward a solution. I look forward to walking with you for this season in your journey.

Qualifications

I am a Licensed Professional Counselor, Mental Health Services Provider in the state of Tennessee (lic. #2775) and I hold of Master of Science degree from Georgia State University. I am a member of Nashville Psychotherapy Institute. I also participate in a psychodynamic psychotherapy consultation group.

Confidentiality

All information you reveal will be treated strictly confidential. Therefore, I will not share any information we discuss with three exceptions: (1) when you have given written consent to share information with a specific person or agency, (2) when it is deemed that you are at risk of hurting yourself or others and (3) according the Tennessee law, when there is suspicion of child abuse in any form I am required to report it to the Department of Human Services. Because I participate in a therapy consultation group with other licensed professionals, I will be periodically discussing our sessions but will not reveal any identifying information.

Appointments, Fees, and Cancellation/Missed appointment Policy

Clients are seen by appointment and sessions are typically 50 minutes in length. My fee is \$140 and is due at the time of service. I accept cash, check, Venmo, HSA cards and credit cards. For every HSA/credit card payment there is a \$4.00 service fee added. Generally, sessions are scheduled at a regular appointment time on a weekly basis. On occasion we may arrange a phone session, which is billed at the existing fee for the portion of time used on our call. This also applies to any phone call over 10 minutes duration.

Your appointment time is reserved exclusively for you. **If you are unable to keep an appointment, please notify me 24 hours prior to your appointment by leaving a voice-mail message. For Monday appointments I will need to hear from you by the preceding Friday by 12 noon. If I do not receive this advance notice, you will be responsible**

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to pay for the missed session. I do not take cancellations by email. If the cancellation is due to a mutually agreed upon emergency (death in the family, major health concern or hospitalization, etc.) there will be no charge.

Emergencies

I do not offer emergency services. Messages can be left for me at 615.500.3426 around the clock any day of the week. All messages are confidential. I will return your call as soon as I am able to give the call my full attention and consideration. In the event of an emergency, you are advised to call the Crisis Line at 244.7444 or go to your local emergency room.

Risks and benefits of Psychotherapy

There are many benefits that may be gained from participating in psychotherapy, chiefly, an enhanced ability to have honest and fulfilling relationships with self and others. Another possible benefit may be a better understanding of personal goals and values, leading to greater maturity and happiness as an individual. However, openness to change involves risks as well as rewards. For example, people often modify their emotions, attitudes and behaviors. Additionally, clients may choose to make changes in significant relationships such as with spouses, parents, friends, children, employers/employees and others. As your therapist, I strive to assist you in effecting change, but I cannot promise or guarantee any specific outcome. Clients are ultimately responsible for their own growth.

Consent

Please sign and date this form indicating that you have read and agree to abide by the policies stated above. A copy of this document is available by request.

Signature _____

Date _____

Signature _____

Date _____

Please sign below to acknowledge that you have been given an opportunity to read the Notice of Privacy Practices. This page will be placed in your file to indicate that you were provided with a copy under HIPPA as required by law.

Signature _____

Date _____