

Office Policies

Fees & Length of Sessions

\$200 per 50 minute session
\$250 per 75 minute session (recommended for EMDR)
\$200 per 50 minute session (for Couples session)
\$300 per 90 minute session (recommended for initial Couples session)

PAYMENT METHODS

I accept cash, checks, Paypal or Venmo at the beginning of each session. We can also arrange to have recurring payments set up via credit card on file if needed. You are welcome to pay for 1 session or multiple sessions at a time. I will do my best to give you maximum flexibility when it comes to payment.

OUT OF POCKET

If you must pay for the services out of pocket, you still have options:
-Pay with credit/debit cards through square or paypal.
-I can also accept HSA or flex spending cards if you have one.
-By check made out to Virgine De Paepe

Reduced Fee

Therapy is an investment in your future. With that said, I understand that it is expensive to live in the Bay Area therefore I try to make psychotherapy available to those in need. I usually have a few sliding scale spaces available for clients without insurance or with lower incomes. Please call for availability.

Insurance billing

I am accepted as an “out of network” provider for most PPO insurance plans. Your plan may reimburse you for a portion of your expenses for therapy with an “out of network” provider. I can support you by giving you monthly receipts as a “super bill” to submit to your insurance provider for reimbursement. (A super bill is a specialized invoice that will include procedure coding, diagnosis coding, and session dates that your insurance carrier will need in order to reimburse you.) Please call your insurance company directly to learn about their policies for working with out of network providers and to insure coverage for the type of service you desire.

Please check your coverage carefully by asking the following questions:

1. Do I have “Out-of-Network” insurance benefits for “Outpatient Mental Health Services”?
2. What is my deductible and has it been met?
3. How many sessions per year does my health insurance cover?
4. What is the coverage amount per therapy session?
5. Is approval required from my primary care physician?

CANCELLATION POLICY

If you need to cancel or rearrange an appointment, you are required to provide **48 hour advance notice**. Otherwise, you will be charged for the full session. Please do not reschedule or cancel your session through text or email.

CONFIDENTIALITY

Legal and ethical responsibilities require that private sessions remain confidential. Therefore, no information will be released to another professional or agency without your written consent. Exceptions will be made only if you endanger, or may endanger, yourself or others, and/or in the case of child abuse or elder abuse. In these cases the law requires your therapist to share certain information with specific outside parties.

VOICEMAIL & EMERGENCIES

The best way to reach me is to **call me directly at (415) 371-9156**. I will try to get back to you within 12hrs. Calls made on weekends will be returned on Monday unless we have prior arrangements.

I am available by telephone for a **10 minute check-in** should a situation arise that cannot wait until your next scheduled appointment. If our time on the phone exceeds 10 minutes we will charge a pro-rated amount based on your session fee. In such cases, please leave a message indicating the nature of the situation, and I will return your call as soon as possible. If you are experiencing an emergency and need immediate assistance, please call 911 or the 24-hour crisis line Suicide Prevention, (415) 781-0500. Please do not use e-mail for emergencies. Also, please be sure to inform me if you do not wish to be contacted at a particular time or place, or by a particular means.

I have been given the Notice of Privacy Policies, and I have read and fully understand the above Office Policies..

I authorize and request that Virgine De Paepe, LMFT, carry out psychotherapeutic examinations, diagnostic procedures and/or treatment which now or during the course of my care as a client are advisable. I understand that the purpose of any procedure will be explained to me and be subject to my agreement.

Client Signature

Date

Psychotherapist Signature

Date