



The Refuge Center  
FOR COUNSELING



# BANEBOW

*A Community of Counselors*

## **Practice Policies**

**Sonya Stokes-Beasley, LCSW**

### **Fee Policy**

Banebow therapeutic services are offered cost free. The following pertains to available counseling services rendered through The Refuge Center after completion of initial sessions with Banebow. The Refuge Center is committed to facilitating access to the highest quality, professional counseling services. The fee payable for all types of counseling services provided by professionals practicing collaboratively at The Refuge Center is \$110 per clinical hour (50 min.) If you have any difficulty in paying this fee, you may apply for our sliding-scale fee services. In order to be eligible for this reduced fee, you will need to complete the Financial Agreement form and provide a copy of your most recent Federal Income Tax return.

A session is typically based on a 50-minute hour. I request that cancellations be made 24 hours in advance; otherwise, you will be billed for the full session fee. The Refuge Center cannot reserve future appointments once a client no shows or cancels their appointment. I take payment and schedule for the next week at the beginning of each appointment. If you do not have your payment at the beginning of session we will have to reschedule to another time when you can make the payment. You will owe for that session as well as the rescheduled one. **I do not accept insurance.** However, I do allow my clients to post-date their checks for up to two weeks (fourteen days) after the date of their visit.

### **Confidentiality**

Professional ethics and Tennessee State law indicate that confidential information is controlled by the client. This means that, as a general rule, information shared in sessions with a counselor will be held in confidence. There are two exceptions to this general rule, however. In the case of an emergency where the counselor believes the client is at risk of hurting himself/herself or another person, the counselor may breach the requirement of confidentiality. Secondly, Tennessee law requires that child abuse in any form be reported to the Department of Human Services or other authority such as a Juvenile Judge.

In cases where family members are being seen by multiple therapists practicing at The Refuge Center for individual therapy, it is understood and agreed upon that these therapists will share necessary and pertinent information with one another. This information will only be shared when it is necessary for individual and family health. This practice and policy is put in place to ensure that you and your family are getting the highest level of quality care.

In communication, persons sometimes prefer to communicate via text messaging or email. I do accept this form of communication, however it is important for the client to understand that email is not a secure mode of communication. The correspondence is at risk of being intercepted, can be monitored by email providers, and human error could result in someone else receiving the email other than the intended therapist. It is also important to note that text messaging carries the same level of risk. Text messages can be intercepted, stored on a device and later read by others, read by phone providers, or sent to non-intended individuals. If the client chooses to correspond with me via text messaging or email, the messages and emails will be printed off and kept in the client's file. In addition, if you are transferred to another therapist at the Refuge Center, your file will automatically be transferred to that provider.

Professionals who practice at The Refuge Center are also dedicated to teaching new therapists. If you are open to being a part of this learning experience for interns you will be consenting to allow them to sit in on occasion in your or your children's sessions. There would never be more than one intern at a time in one session.

When working with minors, I will not share the content of sessions with parents/guardians, unless the content must be shared for safety reasons or if my therapist judgment warrants sharing content for the welfare and health of the minor. I

will discuss progress and treatment plan in general terms with parents/guardians. Parents are required to attend the parent intake session and encouraged to be a very active part of the counseling process; be prepared to be in session with your child at times and to have "homework assignments" for your family. Parents are required to remain at The Refuge Center during their child's (under age 16) appointments to be available for emergencies and to be involved in the therapeutic process.

**Professional Services**

I am available for counseling appointments at select times throughout the week by appointment.. The phone number that you can reach me on is 615.478.8260. You can also reach me by email at banebow@gmail.com. I do not do phone consultations. If you have an emergency, you may obtain assistance by calling the Crisis Help Line at 244-7444, the YW Domestic Violence Center at 242-1199, or by going to your local hospital emergency room. For a crisis with minors you can call the mobile crisis line at 866-791-9222. I will be unable to respond to texts and emails in a timely manner, therefore do not text or email me when you are in a crisis and feeling suicidal, overwhelmed, or unsafe. Please call the crisis line or go to your nearest emergency room in these instances.

I am not a certified Custody Evaluator or an Expert Witness, as defined by the legal system. As a therapist, I am not permitted to make any judgments on custody. In the case that I would be subpoenaed to court or involved in any legal matter, the client will be charged a fee of \$150 an hour (this includes note taking, phone calls, writing case summaries, time to and from court, etc). I do not testify unless required by a court order. Testimony under oath is \$200 per hour.

In the case of my death, incapacitation or termination of practice, the Refuge Center for Counseling will arrange for another professional practicing at The Refuge Center to be responsible for the management of my client's therapy and records.

**Benefits and Risks of Counseling**

Persons contemplating counseling should realize that they may make significant changes in their lives. People often modify their emotions, attitudes, and behaviors. They may also make changes in their marriages or significant relationships, such as with parents, friends, children, relatives etc. While I will assist the client in effecting change, I cannot guarantee a specific outcome. Clients are ultimately responsible for their own growth.

**Credentials**

I have been a Licensed Clinical Social Worker (LCSW) in the state of Tennessee since 2008.

**Professional Independence**

I will be responsible for the services provided to you. The Refuge Center is a community of counselors and does not, itself, provide mental health services or treatment. It is the individual practitioners who are licensed, not the facility.

**Termination**

Termination may occur at any time by client or therapist. If you do not communicate with me in a 60 day period, I will close your file. If you would like to re-open your file and proceed with the counseling process, you may call to schedule an appointment to see me any time. We can easily reopen your case. Feel free to also contact me if you choose to restart counseling with another professional, as I can help you with a list of referral sources.

**Do you have any questions about fees, confidentiality, or other matters? Yes \_\_\_ No \_\_\_**

**Do you agree with the conditions and provisions of these Practice Policies? Yes \_\_\_ No \_\_\_**

**I give permission for the therapist to correspond with me via text messaging and/or email. Yes \_\_\_ No \_\_\_:**  
email only \_\_\_ text only \_\_\_

**\*\*Emails and texts related to the clinical process may be printed and become part of the client's records.**

**I give permission for The Refuge Center to send me appointment reminders via text messaging. Yes \_\_\_ No \_\_\_**

**I agree to the fee payment of \$110 Yes \_\_\_ No \_\_\_**

**If No, I have completed the additional application for sliding scale fee with my counselor and have agreed to a session fee payment of \$ \_\_\_\_\_**

**I agree to allow you to meet with my child for counseling. Yes \_\_\_ No \_\_\_**

**Client(s) Signature(s)**

**Date:** \_\_\_\_\_