

ELIZABETH B. KNIGHT, LCSW
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Practice Philosophy and Policies

Your decision to begin psychotherapy was probably made after a great deal of thought and consideration. Selecting a therapist who will be a good fit for you is crucial since the process of psychotherapy is intense, and a satisfactory outcome is crucial.

I am a licensed clinical social worker and, for more than 40 years, I have been in the private practice of psychotherapy. I provide a broad spectrum of evaluation and psychotherapeutic services with individuals, couples, families, and groups. My approach is collaborative, seeking solutions within your value system.

Fees

▪ Initial Consultation (1 hour)	\$250.00
▪ Family, Couples (1 hour session)	\$250.00
▪ Group Therapy	\$100.00

Payment Policies:

- You are responsible for your charges and payment is due at the time services are rendered.
- At your request, this office will assist you with filing insurance claims for your reimbursement.
- Accounts will be charged 10% late charge monthly on unpaid balances.
- Returned checks must be reconciled in cash; there will be a \$20.00 service fee.

Telephone Calls:

Brief telephone calls by clients between sessions are not routinely billed. If telephone calls become necessary, fees for this service will be charged at my usual clinical rate. If a telephone consultation with another professional or institution is needed, the client will be informed and permission obtained. Charges for this service are at the usual per hour rate. Each client will be informed if calls are to be billed prior to any charges accruing. Insurance companies do not reimburse provider charges for telephone calls.

APPOINTMENT POLICY:

- This office requires an **advance notice of twenty-four (24) hours prior to canceling any appointment(s).**
- If a twenty-four (24) hour advance notice *is not* given, **you will be charged for that time.**
- Charges for missed appointments can not be submitted to insurance companies.
- Clients who cancel their standing weekly appointments are assumed as scheduled for their regular time the following week, unless otherwise specified.

If you have any questions or concerns about the policies described above, please discuss them with me. If you have read and understand these policies and are in agreement with them, **please sign below.**

Client Signature

Date