



Kathryn A. Kelley, M.A., NCC, LCPC
Post Office Box 7117
Helena, Montana 59604

(406) 461-5412
fax: (406) 227-6790
www.kelleyinstitute.com

OFFICE POLICIES – Office Copy

WELCOME

Kathryn Kelley is dedicated to helping individuals achieve mental balance, serenity of heart, emotional equilibrium, and spiritual awareness. She offers individual counseling, EMDR, spiritual direction, group counseling, seminars, Nia dance and retreats toward these goals.

SESSIONS

Individual counseling sessions are by appointment and are 50 minutes. EMDR sessions are 90 minutes (double sessions). Usually, sessions are held once a week to promote continuity, but, by agreement, they may be held more or less frequently. Every effort is made to begin and end each session on time.

FEES

Fees are \$90.00 per session (\$150.00 per double session), and are payable with cash, check or credit card at the beginning of each session. There is a \$10.00 transaction fee if a credit card is used for payment. When it becomes necessary for a client to cancel a scheduled appointment, please cancel with at least a 24-hour notice to avoid being charged for the canceled session. Insurance billing is your responsibility.

EMERGENCIES

While regular office hours are 10:00 a.m. to 6:00 p.m., Monday through Friday, voice mail is available 24 hours a day, and calls are usually returned within a couple of hours. If, however, you face an emergency situation and cannot wait for a return call, you can call 911. Please be aware that because of Kathryn's travel schedule, there will be occasional weeks when she will be out of town and unavailable. If you are an active client at the time, Kathryn will let you know ahead of time when this will occur.

CONFIDENTIALITY

While all therapy sessions are a part of a confidential relationship, and no information about your therapy will be released without your written permission, State Law requires notification to Child Protective Services in the case of child abuse, and the Police in case of a clear intent to harm self or others. You may be asked to sign a consent form to allow Kathryn to communicate with your other health care professionals to insure continuity of care.

I have read and understand the above information

Client

Date