

Wellspring Psychotherapy LLC

7304 Carroll Ave, #207

Takoma Park, Maryland, 20192

202-246-3260

Information for New Clients

Thank you for selecting me as you or your child's therapist. I look forward to helping in the journey of self-discovery and supporting you and your family as you take steps toward you living a more fulfilling life. I am open to your feedback at anytime and believe that your opinions matter and allow me to better serve you.

Below are the practice policies. Please feel free to discuss any of these with me.

1. The process usually begins with a phone call to identify goals and see if there's likelihood for us to work well together. Our initial meeting is a more formal evaluation where we will discuss important historical information, the present as well as future goals in greater detail. If we both feel that working together can be beneficial, then I ask that you sign this document and we schedule regular psychotherapy sessions.

Fee schedule:

- a. Individual Psychotherapy Sessions and Initial Evaluation, 50 to 60 mins are \$185
- b. 30 min Sessions are \$100
- c. Psychotherapeutic Experiential Activities and Outdoor Therapeutic Experiences will be billed per session at a rate of \$400. Experiential Activities generally last between 3 and 4 hours.
- d. Transfer of records \$30
- e. Phone coaching or consultation is \$45 / 15-minute increment (after the first 10 minutes).
- f. Missed sessions without 24 hours' notice will be billed at the standard rate.

2. All services are confidential. The exceptions to this are in cases of child and/or elder abuse, or any indication that someone is a danger to him/herself or to someone else.

3. If you are considering taking harmful action against yourself or someone else, you are to contact 911 or go directly to your nearest emergency room. If any such emergencies occur, please notify me as soon as possible so I can help coordinate care.

4. Payment is expected within 24 hours of service. For your convenience, I accept payment by credit card (through a secure patient portal), check, or Venmo (@Christopher-Peckham-3). The financially responsible party will be emailed an invoice after each session. At the end of every month, I will send a "superbill" for your records or insurance reimbursement if applicable.

5. In contracting for psychotherapy, you are responsible for the weekly appointment time(s) that we agreed upon. *Please note that you will be billed for unexcused misses.* If there's a scheduling conflict for a given appointment time, I will try to accommodate you during that same week if there is a mutually convenient time available.

7. I do not charge for telephone consultations or phone coaching of 10 minutes or less. If telephone consultations last longer than 10 minutes, I bill at my regular fee schedule.

8. Therapy is the Greek word for change. You may learn things about yourself that you don't like. Often growth cannot occur until you experience and confront issues that cause you to feel sadness, sorrow, anxiety and pain. The success of our work together depends on the consistency and quality of our mutual efforts.

Thank you for giving me the opportunity to get to know you. I look forward to our work together.

Please indicate that you have read and understand these policies by signing below.

Client Signature

Date

Parent/Guardian Signature (If client is under 18)

Date

Chris Peckham LCPC NCC

Date