

## Pike Creek Psychological Center Office Policies

1. **PAYMENT.** Payment is expected at the time of service. We require that you keep a current credit or debit card number on file to be charged for co-pays, deductibles, late cancel and no-show fees, and any other fees incurred at PCPC. In the event that you do not have a credit card or debit card, you must make arrangements for other means of payment prior to receiving services. All returned checks are subject to a \$25.00 fee as well as any fees the bank applies. Balances unpaid for 60 days or more may be subject to a monthly \$10.00 finance charge until paid in full. Balances unpaid for 90 days or more may be sent to a collection agency and all collection fees will be added to your account.
2. **EMERGENCIES:** A licensed therapist may be contacted 24 hours a day for emergencies by calling 302-379-2889. All phone calls longer than five (5) minutes will be billed at the rate of \$40.00 per 15 minutes or portion thereof, regardless of your therapy fee. Insurance does not cover emergency therapy calls. If you are experiencing a life-threatening emergency, please call 911.
3. **CANCELLATIONS AND MISSED APPOINTMENTS:** You must give 24-hours notice before canceling an appointment. You will be charged \$30 for appointments that are cancelled for ANY reason with less than 24-hours notice. You will be charged \$50 for appointments you miss for ANY reason without calling to cancel.  
\*\*\*For Medicaid clients only: Medicaid policy regarding missed appointment fees applies. If you miss two appointments without notifying the office, or if you repeatedly cancel appointments the same day of your appointment, we may terminate our services with you and inform your state health plan.
4. **FEES:** Fees will be charged for the preparation of reports, letters and disability forms and for the copying of records. Requests for these services need to be made in writing.
5. **LEGAL:** We do not participate in legal proceedings. However, in the unlikely event we are required to engage in legal matters, there will be a fee charged for our professional services.
6. **COMMUNICATION:** If you have any questions, complaints, concerns, or compliments about your treatment or therapist, please contact our Co-Directors, Drs. J.D. and Judi Willetts at 302-738-6859.
7. **JOINT CUSTODY:** In the case of joint custody due to parents' separation or divorce, both parents have the right to participate in their child's treatment. In these cases, we ask for consent forms from both parents. We also ask that both parents agree to not involve the therapist in court proceedings. This is in order to ensure a therapeutic relationship with the child.
8. **JOINT THERAPY:** If more than one party is involved in treatment, such as couples therapy or family therapy, records will be released only with mutual and joint consent.

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Signature

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Date

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Printed Name

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Date of Birth

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Name of Client (if different)

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Client Date of Birth