

**Dr. Karina McGovern Chace, LPC**  
Licensed Professional Counselor  
LPC#0701007353, TIN#82-0933510  
133 East Main St., Purcellville, VA 20132  
11250 Roger Bacon Dr., Suite #5, Reston, VA 20190  
Phone: 503.752.1388 | Email: dolcepea@gmail.com

**RE:** Office Policies and Procedures

Psychotherapy is a two-way effort that encompasses mutual respect, responsibility and consideration between you and your counselor. The policies outlined below are designed to make your treatment productive and to avoid any unnecessary misunderstandings. By working together, we can establish a rewarding therapeutic relationship.

**CONFIDENTIALITY:** The relationship between you and your counselor is confidential. No information concerning you will be released without your written permission. Exceptions include situations of clear and imminent danger to yourself or others, child abuse or neglect, and Court order. Use of insurance forms to obtain third-party payments serves as authorization of release of information to your insurance company. An exception may also need to be made in the event of nonpayment of fees, necessitating the use of a collection agency. In order to maximize the quality of your counseling and in keeping with typical counseling practices, it is my policy to discuss cases with colleagues in shared consultation. Identifying information will be kept to a minimum.

**CANCELLATIONS:** Continuity is crucial to the effectiveness of the services you receive. Since I have reserved a time slot for you, you are expected to keep appointments as scheduled. If an appointment is cancelled or missed with less than 24-hour notice, you will be charged my full fee for that session, with the exception of medical emergency or illness. If you miss two consecutive sessions without an agreement between us, you may lose the time slot reserved for you.

**FEES:** Fees for weekly services are \$135 for hourly sessions, with payment expected at the end of each session. Although I do not work directly with insurance companies, I will provide you with a detailed statement to submit to your insurance company. Most of my clients receive reimbursement from their insurance companies.

**TELEPHONE CALLS AND EMERGENCIES:** If I am unavailable, telephone calls will be answered by my confidential private voice mail. I will do my best to return phone calls promptly, or within 24 hours. In cases of extreme emergency, please contact your local hospital emergency room or emergency services of your local community mental health center.

**DISCONTINUING SESSIONS:** Leaving therapy is an important decision, and ending well is an important part of my therapeutic process. Please discuss any plan or desire to discontinue therapy to allow enough time for effective termination.

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Signature

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Date