

Neil McNerney, M.Ed., LPC
Licensed Professional Counselor
703-352-9002

1984 Isaac Newton Square West, Suite 204
Reston, VA 20190

200 East Main Street
Purcellville, VA 20132

COUNSELING AGREEMENT

Confidentiality

Everything discussed in sessions is confidential. I will disclose information about your treatment to others only with your written authorization. The only exceptions to this are suspected child abuse or neglect, the expressed intention to harm yourself or someone else, or an order by a judge. Confidentiality and the above exceptions are determined by federal and state laws and by the ethical practices outlined by the professional licensing board.

Sessions

Each session is scheduled for 50 minutes. If you must cancel a session, please do so at least 48 hours in advance of the appointment time. A full session will be charged for any missed appointments without 48 hour notice. Insurance companies will not reimburse for missed appointments.

Telephone Calls

I do not charge for brief telephone conversations to schedule, change, or confirm appointments. I will return telephone calls as promptly as my schedule allows. Weekend calls will be returned the following Monday. If you have an emergency and cannot wait for my return call, go to your nearest emergency room or call your local community service board emergency number. I do not have the ability to provide 24-hour emergency contact. If you believe that your situation will require a therapist that has 24-hour support, please discuss this with me as soon as possible.

Fees

The fee for a 50-minute session is \$185. The fee for any psychological screening is \$25 per test. Fees will be payable at the end of each session. I do not bill directly to insurance companies. Additionally, I am not a participating provider for any insurance plans, although many plans do provide reimbursement for my services. If you request, I will provide a receipt with all the information that is required for insurance reimbursement. Checks should be made payable to Neil McNerney, M.Ed., LPC.

If I am to be involved in any legal proceeding, my fee is \$200 per hour for attorney consultation, document review, preparation, and travel, payable on a weekly basis. I accept checks, Visa, Mastercard, and cash. My fee for court appearances is \$2000 per day if I am required as a fact witness, and \$3500 per day if I am required as an expert witness. Court appearance fees will be paid in full, check or cash, seven days before the court date. Court appearance fees will be paid for the whole day, even if you think you may only need me for a small part of the day. Because of the unpredictable nature of court appearances and when I will be called to testify, I need to clear my whole schedule for that day, not just the hour or two you think I might be needed.

Signature of client/parent/guardian

Date

I understand the fee structure and agree to abide by the terms stated above

Signature of Financially Responsible Party

Date

Printed name, address, and SSN of financial responsible party: