

Jo Ann Zepp, MA, RN, LPC, CAC III, PLLC
614 N. Nevada Avenue, Suite 102
Colorado Springs, CO 80903
(719) 593-8876

Counseling Policies

Appointments

Appointments are scheduled directly with me. If you must cancel an appointment, please do so a full 24 hours in advance of the session. A missed or cancelled appointment with less than 24 hours of notice will result in a fee of \$50.00 (except in the infrequent instances of illness or emergencies). If I miss a scheduled appointment without 24 hours prior notice, unless due to an emergency, you will be provided one free session.

Contacting Me

If you need to speak with me between sessions, please feel free to call my confidential voicemail at (719) 338-2251 or email me at joannzepp@comcast.net. If I am not available, leave a message, and I will return your call or email as promptly as possible, usually within 24 hours. All phone calls lasting more than ten minutes will be charged to you on a pro-rated basis. I reserve the right to respond to lengthy emails in our sessions.

Emergencies

By signing this document you agree that if, at any point, you experience a mental health emergency you will call 9-1-1 or go to a local emergency room.

Fee Information

The basic fee for individual, couple, and family therapy is \$90 per 50 minute session. Group therapy fees are dependent on the specific group. These fees for counseling services are based on customary and reasonable fee profiles for this area.

Payment is expected at the time service is rendered. I accept cash, check or credit cards. Make your check payable to Jo Ann Zepp, LPC. There is a standard \$25.00 fee for all checks returned due to insufficient funds. Credit card payments can be made at my website: www.joannzepp.com. If you should encounter financial difficulties at any time during counseling, please discuss this with me promptly.

I accept select private insurance assignments. You are welcome to discuss this with me. If you wish to file for reimbursement with your insurance provider, I will be glad to furnish you with a diagnosis and an invoice after each session.

I acknowledge and agree to Jo Ann Zepp's policies.

Client Signature

Date