



Jennifer J. Hume, M.Ed., LMHC, MCAP
840 U.S. Hwy 1, Suite 435 North Palm Beach, FL 33408
(561) 951-0879 www.JenniferHume.com

CONSENT TO B.E.A.C.H. COUNSELING, LLC BUSINESS PRACTICES

I, _____ understand and agree to abide by the following business practice of B.E.A.C.H. Counseling, LLC and Jennifer Hume, LMHC:

1. I understand that telephone calls to Jennifer Hume in excess of five (5) minutes will be subject to a fee of my hourly rate per minute for every minute spent on the phone past the initial five minutes. I understand that insurance does not reimburse for this time and it will be an out-of-pocket expense.
2. Scheduled sessions are to be canceled or rescheduled with 24 hours' notice. For cancellations made with less than 24 hours' notice, or for appointments I forget to attend, I agree to pay a \$100 fee for that session time. I understand that the missed session/insufficient cancellation notice fee is *not* reimbursable by my insurance policy and it will be an out-of-pocket expense.
3. If my insurance company fails to pay a claim for services rendered by Jennifer Hume, LMHC, I agree to pay the balance of my bill within 30 days of my last session.
4. I understand that Jennifer Hume, LMHC reserves the right to suspend my counseling until payment is rendered if my account balance exceeds \$150.00.
5. I agree to pay a fee of \$30 for returned checks.
6. Should I require a letter written for the purpose of insurance coverage, legal matters or for any other reason, I agree to pay a form fee of \$35 for the therapists' time.
7. I understand that discussions about therapy-related concerns and therapy issues are not permitted via email or text messaging. I agree to discuss these issues with Jennifer Hume, LMHC solely via scheduled therapy sessions, phone counseling or online video counseling sessions (regular session fees apply).
8. Should I become involved in court proceedings that require Jennifer Hume, LMHC to be present in court, a retainer of \$2400 will be paid via cash or cashier's check *prior* to potential court dates. A \$2400 retainer will be required for each potential week Jennifer Hume, LMHC will be asked to be present at court or otherwise away from her practice due to the legal proceedings. Jennifer Hume's rate for legal proceedings is \$150 per hour, including travel time. Should my court involvement of Jennifer Hume, LMHC exceed the paid retainer, payment of another \$2400 retainer will be due immediately. Should I not exceed 16 hours per week, then Jennifer Hume, LMHC will reimburse me for the unused portion of my retainer fee.

Client Signature

Date