

PRACTICE POLICIES AND PROCEDURES

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Welcome to Beachside Counseling and Wellness! I am honored to join you on your therapeutic journey towards healing and wellness. Because psychotherapy involves a large investment of time, energy, money, and commitment, it is important that you understand what is involved so you can make an informed decision regarding proceeding with your therapy process. The following information is provided to make your therapy process as comfortable and productive as possible. Please read the following policies and procedures, take a copy of this information with you for your records, and discuss any questions or concerns with me during our first meeting.

Important Information

I am an independent contractor for Beachside Counseling and Wellness, LLC. I am a Licensed Mental Health Counselor in the state of Florida (License # MH25813) and a Licensed Professional Counselor in the state of Arkansas (License # P2405022). I graduated from John Brown University in 2021 with a Master of Science in Counseling. The bulk of my clinical experience lies in residential and outpatient settings. I have 2 years of experience working closely with adolescents and their families in a residential setting to address attachment issues, childhood trauma and chronic PTSD, anxiety, depression, anger management and impulse-control issues, and suicidal behavior, and 4 years of experience working with adolescents and adults in an outpatient setting to address acute and chronic PTSD, anxiety, depression, anger management issues, and relational issues.

Communication and Confidentiality

Appointments may be scheduled by contacting the Beachside Counseling and Wellness office at (321) 327-3793, Monday-Thursday 9:00am-5:30pm and Friday 9:00am-2:30pm, or through the Therapy Portal client portal. You may create a client portal through Therapy Portal with the following link to access telehealth and online scheduling: <https://www.therapyportal.com/p/virginiamccarleylmhc/>. If you need to cancel, reschedule an appointment, or reach me for some other reason, please either call the office or cancel or reschedule online through your Therapy Portal client portal. If you need to contact me between sessions, I typically will be reachable during business hours Monday-Thursday unless I am in a session with another client, out of town, or in training. You may contact me by calling the office or by emailing me. I do my best to reply within one to two business days. If you reach the answering service and you are having a crisis or physical or mental health emergency, please immediately dial 911 or go to your nearest emergency room. You may also call the Suicide Prevention Lifeline by dialing 988. Please do not use texts, email, or portal messages for emergencies as they will not be accessed in a timely manner. If you must seek after-hours treatment from any counseling agency, center, emergency room, hospital or similar facility, you are solely responsible for any fees due. Communications by phone or email and outside of my office will be treated as confidential, though confidentiality cannot be guaranteed. The content of phone calls, text messages, portal messaging, and emails should not be construed as, and is not, a substitute for therapy.

No Secrets Policy

When working with multiple persons within the same family, I adhere to a “no secrets” policy. This means that I cannot and will not guarantee confidentiality between multiple parties engaged in marital, couples, or family

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therapy. Further, I reserve the right to break confidentiality when I encounter information that any party involved in treatment might feel betrayed or aligned against if the information remained secret. I may attempt to notify you prior to disclosing material facts to another adult involved in conjoint therapy with you, but I cannot guarantee this.

Social Media

Due to the importance of your confidentiality and the importance of minimizing dual relationships, I do not accept friend or contact requests from current or former clients on any social networking site (Facebook, Instagram, LinkedIn, etc). I believe that adding clients as friends or contacts on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship, and I want to respect your therapy process and privacy. If you have questions about this, please bring them up when we meet and we can talk more about it.

Tobacco, Alcohol, and Illegal Substances Usage

Smoking or vaping of any kind (tobacco, marijuana, etc), possession or consumption of alcohol, or use of any other illicit, illegal, or mind-altering substance, is strictly prohibited. In the event that an individual engages in any of these behaviors, they will be asked immediately to cease. If you present to session appearing under the influence of any illicit, illegal, or mind-altering substance, the session will be cancelled, the full session fee will still apply, and you will be asked to leave the premises and/or it will be determined if you are in need of a higher level of mental health care. Your emergency contact may also be notified of the situation. Failure to cease and/or repeated violations may result in termination of services, and/or referral for treatment elsewhere.

Termination of Services

As discussed in the Informed Consent, ending relationships can be difficult, but this is also a natural part of the therapeutic journey. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. I may terminate treatment after appropriate discussion with you and a termination process if I determine that the psychotherapy is not being effectively used or if you are in default on payment. I will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, I will offer to provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source.

Should you fail to schedule an appointment for four consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.

Release of Records and Documentation

I maintain a very strict records release policy, even if documentation or records are being released directly to you, the client. Written permission is required to release documentation of any kind or to communicate with any parties besides those under my care and third party payors. Further, the identities of all parties authorizing release must be verified by Virginia Compton, LMHC using your government-issued photo identification or by providing me with a notarized copy of our release form.

If you participate in marital or family therapy, I will not release or disclose confidential information about this treatment to unrelated parties, unless all adult(s) who participated in the therapy provide their written authorization for release of said information.

Record releases may take up to 30 days from the time I receive a signed consent form. All fees and postage will be billed to the credit card on file on the date the records are released or mailed. Records may be

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requested by talking with me during a session, submitting a written request with the front desk, or by using the secure messaging system through the portal.

If you need any kind of letter written (i.e., for a service animal, for Medicaid, for the court, etc), we will schedule a regular 50-minute session and work on the letter together in session.

Fee Structure and Financial Agreement

Individual Psychotherapy: Initial intake appointments are scheduled for 50 minutes, and are dedicated primarily to information-gathering and assessment of your presenting concerns. Initial intakes are \$150. Subsequent appointments are scheduled for 50 minutes: 50 minutes of face-to-face contact between us, with the last 10 minutes of the hour devoted to planning and record keeping on your behalf. Individual therapy follow-up appointments are \$130, unless another fee is explicitly determined at the time of intake.

Other Psychotherapy sessions: Initial intake appointments for couples and families are scheduled for 50 minutes, and are dedicated primarily to information-gathering and assessment of presenting concerns. Initial intakes for couples and families are \$175. Follow-up sessions for couples and families are \$150 per 50-minute session. 90-minute Brainspotting therapy sessions are \$190.

The services provided under these standard rates include office appointments, telehealth appointments, and third-party consultations as requested.

Payment is expected at the time services are rendered. All payments should be given by credit or debit card, cash, or check directly to the office receptionist prior to the beginning of each appointment. Invoice statements can be provided upon request. Please notify me if any problems arise during the course of therapy regarding your ability to pay, so we can discuss other arrangements. I have a limited number of slots available for reduced-fee clients, so please let me know if cost is a barrier to treatment.

You verify that your credit card information is accurate to the best of your knowledge. If this information is incorrect or fraudulent or if your payment is declined, you understand that you are responsible for the entire amount owed and any interest or additional costs incurred if denied. In the event that your card declines, we will re-attempt to charge it, until your balance is collected. We are not responsible for fees associated with your bank account, including overdraft fees or delayed processing of your credit card. In the event a client contests a valid charge resulting in a reversal or chargeback initiated by their card, a \$45 fee will be assessed to the client's account to cover the cost charged by our credit card processor and the additional labor involved with collecting the outstanding balance. If financial emergencies arise, you are encouraged to discuss these with me as soon as possible to see if accommodations can be made.

All visits covered by insurance are subject to your policy's copay, coinsurance, and deductible. Please verify with the office and your insurance that insurance is accepted with this provider. After verification, please bring your insurance information and identification to the office's receptionist at the start of the first appointment.

If I am not in network with your insurance, on request, I can provide you with a superbill receipt that you can submit to your insurance company for possible reimbursement. Some clients receive partial reimbursement, and some do not get reimbursed at all. I strongly recommend that you discuss your out-of-network benefits with your insurance company before entering counseling if insurance reimbursement is important to you.

Payment Methods

I require that all clients save a credit/debit/HSA card on file to make payments easier for both of us and to have a payment method available in the case of late cancellations or missed appointments. You can do this on the

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HIPAA-compliant TherapyNotes portal and/or with the front desk. Through the portal, only the last 4 digits of the card number are stored by my electronic health record. With the front desk, your full payment information will be saved with Square, our other credit card processor. If I am seeing you in the office, I can also accept cash or check. Returned checks are subject to a \$30.00 fee.

Late arrivals/Cancelled/Rescheduled/Missed Appointments

Making an appointment means that a specific time is reserved for you only. Late arrivals cannot be offered extra time, as the time following your appointment is reserved for someone else. If you arrive late, you will be charged the full fee for the shortened appointment. If you need to cancel or reschedule your appointment, please do so with a 24-hour business day advance notice (i.e., please provide notice on Friday regarding a Monday appointment). **There is a \$75 charge for appointments missed or not cancelled or rescheduled 24 hours in advance.** If you are late, I will wait for 15 minutes before considering the appointment cancelled. Please notify the office as soon as possible if you know you need to reschedule or cancel. Exceptions will be made on a case-by-case basis involving medical or other emergency situations. Failure to pay fees may result in termination of therapy.

Length, Frequency, and Number of Sessions

Sessions are scheduled for 50 minutes in length, unless you have scheduled a 90-minute Brainspotting session. Sessions are scheduled on a regular basis to facilitate the consistency and security needed to establish a working and therapeutic relationship, and to allow for the natural ebb and flow of therapy to take place. The number of sessions varies with individuals and the nature of their problems, as well as the individual treatment goals of therapy.

Court Testimony and Subpoena Policy

At the time a subpoena is received, even if it is issued by an attorney without your authorization, there is a nonrefundable \$250 charge for preparation, research, and court testimony. Consultation with attorneys by phone, face to face, or email up to one hour, will be included in this cost. Virginia Compton, LMHC, will not make custody recommendations regarding children, even if Virginia has provided therapy services to all parties involved in a divorce. Fees for appearing in court are detailed below.

Preparation, research, and up to one hour consultation with attorneys.....	\$250 (non-refundable)
Additional communication with attorneys beyond one hour.....	\$200/hr (non-refundable)
0-4 hours appearance (including travel, court breaks, and waiting in lobby).....	\$800
4-8 hours appearance (including travel, court breaks, and waiting in lobby).....	\$1600
Court appearance with less than 5 working days' notice.....	\$1000 (non-refundable)
Mileage outside of 25 mile radius.....	\$0.65/mile

Audio or video recording of any therapy or testing session is strictly prohibited without all parties' expressed written consent, including Virginia Compton, LMHC's expressed written consent. By signing this document, you also agree to pay a fee of \$2000 for each session in which you record all or part of the session without Virginia Compton's written consent.

By signing this document, you agree in advance that you are responsible for, and agree to pay in full, these associated fees prior to court appearance, and at the time of preparation, research, consultation, and/or additional communication. The party who issues the subpoena is responsible for the fees listed above. If a

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subpoena is received from more than one party, the bill will be split equally between all parties. Court-related fees are not covered by third-party payers.

Please note that payment for court-related services rendered is non-refundable. If court testimony requires more than one day of the counselor's time, the same fees above will apply for the additional days required. All court fees must be paid 48 hours in advance of the scheduled court date. In the event that court is cancelled, you will be refunded all day-of appearance costs listed above. You will not be refunded the \$250 preparation fee. You will also not be refunded for the \$200/hr fee for additional communication with attorneys if this is/was applicable. You will also not be refunded for the \$1000 fee for less than five working days' notice if this is/was applicable. Please call the front desk at (321) 327-3793 for assistance with submitting your payment.

By signing below, I, the client or client's parent/guardian, am agreeing that I have read this disclosure in full, that I understand and agree with the above-listed policies and procedures contained in this document, and that I have had the opportunity to discuss any questions or concerns with Virginia Compton, LMHC.

Your name printed

DOB

Your signature

Date

Spouse/Partner's name printed (FOR COUPLES COUNSELING ONLY)

DOB

Spouse/Partner's signature (FOR COUPLES COUNSELING ONLY)

Date

Parent/Guardian signature

Date