

How Things Work in My Practice

I appreciate your considering or choosing me for counseling services. This document contains information about my professional services and business policies. If you have questions about any of this information, I encourage you to discuss them with me.

My Credentials

I am a Licensed Clinical Social Worker, with Master's Degrees in Social Work and Public Health from the University of California, Berkeley. I have been licensed by the California Board of Behavioral Science Examiners since 1989 and am a member of the National Association of Social Workers.

Confidentiality & Ethics

All information discussed within sessions, including sessions with minors, is confidential and may not be revealed to anyone without written permission -- with certain exceptions as provided by law.

On occasion I discuss certain cases with consultants. In such instances, neither your name nor any identifying information about you is revealed.

Fees & Insurance Payments

My standard fee is \$150.00 for a regular session (50 minutes) and the accompanying preparation time and paperwork. I expect payment in full (by check or cash --I do not accept credit cards) at the end of each session unless other arrangements have been made.

Many insurance plans will pay for all of part of my session fee. If you expect to use your insurance please consult with me before your first session - usually I'll need a copy of your insurance card (front and back) faxed or mailed to me several days in advance so I can make arrangements.

I am on the provider list for a large number of popular insurance plans. Some other managed care companies also offer an "out of network" option -- meaning they will pay a reduced amount to a provider who is not contracted with them. In this case you are responsible for a larger share of the cost.

If we have arranged for insurance coverage, I expect you to pay for any co-pay at the end of each session.

Insurance and Managed Care Information Sharing

Insurance companies and managed care organizations require that your therapist provide information about you before they pay for sessions. The information varies, but includes a mental health diagnosis for which you meet criteria. Also required are specific treatment plans, periodic progress reports, and occasionally copies of your treatment records.

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Appointments

When you make an appointment with me, you are reserving that time for yourself. Please know that if you are late for your session, the session will still end on time. Cancellations must be made 48 hours prior to the scheduled appointment to avoid being charged for the full amount (insurance companies do not pay for missed appointments). If you must cancel with 48 hours notice, you may still avoid being charged by re-scheduling before that week is over.

I understand that emergencies arise and illness can come on suddenly. If you need to cancel in extreme circumstances, call me to let me know as soon as possible. We will discuss it at our next session.

Your Health & Mine

Because counseling sessions require sitting in close proximity, they can become an unwanted opportunity to share respiratory and other easily communicable diseases. If you have an acute cold, flu, pneumonia or other easily transmittable illness, it is essential that we re-schedule your session. If this is the case, please let me know as soon as possible.

Contacting Me

I can be reached at: 510-527-1217. You can call at any hour, including nights and weekends (an answering machine takes messages when I am not available). I will return your call as soon as possible -- usually within a few hours on business days. You may also call my cell phone: 510-375-2953.

If I am out of town or otherwise unavailable, I will provide the name and phone number of a colleague who is available for urgent needs.

If your call concerns a life-threatening situation, dial 911, or go to the nearest emergency room.

I have read and understand these policies.

Name of Client: _____

Signature(s): _____

Date: _____

(if signing on behalf of client, relationship to client: _____)

Date Printed: _____