

WELCOME TO MY PRACTICE

There follows some essential information about psychotherapy. Please read and sign at the bottom to indicate that you have reviewed this information. If you have questions, I will answer them during our session.

Length and frequency of treatment: Psychotherapy typically involves regular sessions, usually forty-five minutes in length. Duration and frequency vary depending on the nature of your problem and your individual needs.

Confidentiality: Information you share with me will be kept strictly confidential and will not be disclosed without your written consent. By law, however, confidentiality is not guaranteed in life-threatening situations involving yourself or others, or in situations in which children or elders are put at risk (such as by sexual or physical abuse or neglect). If I need to discuss your treatment with a colleague, I will take pains to disguise identifying information, including using a pseudonym.

Fee policies: My fee for an individual therapy session is \$150. (\$200 for the initial session). **Once an appointment is scheduled, you will be expected to pay for it unless you provide 48 hours (two business days) advance notice of cancellation, regardless of the reason for cancellation. For example, if your appointment is Monday at 10 am, you would need to cancel by Saturday at 10 am. It is important to note that insurance companies do not provide reimbursement for cancelled sessions or for appointments that you do not keep, so you are financially responsible for sessions cancelled without a 48 hour notice.**

If you carry mental health insurance coverage, I can also bill your insurance carrier. I can attempt to verify your insurance coverage; however, if your insurance company makes an error in quoting your benefit coverage, I cannot be responsible for their error. It is best that you confirm your insurance coverage and your benefit limits prior to making your appointment. In many circumstances, the insurance carrier limits the fee charged for the session. You will not be charged for the difference between my ordinary fee and the cap placed by insurance. Any copayment necessary should be made at the time of the office visit. Although used as a last resort, I may refer your account to a collection agency should you fail to pay or make arrangements to pay on a delinquent account. In the event that your account is not paid and your account is sent to collections, then you agree to be responsible for all costs of collections in addition to therapist's services billed.

Phone and emergency contact: If you need to contact me by phone, do not hesitate. When I am not available, my voice mail will take a message. I am usually able to return calls within the day. You will not be charged for phone calls unless we have a scheduled conversation of an information-exchanging or problem-solving nature that lasts more than ten minutes. Phone sessions are not generally reimbursed by insurance. If you cannot reach me in an emergency, you can find help at the Emergency Room at your local hospital or by calling 911.

Physician contact: Physical and psychological symptoms often interact. I encourage you to seek medical consultation if warranted. In addition, medication may sometimes be helpful for psychological problems. When appropriate, I will arrange a referral for medication evaluation.

Freedom to withdraw: You have the right to end therapy at any time. If you wish, I will give you the names of other qualified psychotherapists.

Informed consent: I have read and understood the preceding statements. I have had an opportunity to ask questions about them, and I agree to enter a professional psychotherapy relationship between Eve Lievonon, LCSW and myself or my child.

Print Patient / Parent Name	Patient / Parent Signature	Date