

Sheila Hedden, LCSW
Office Policies/Informed Consent

I. Treatment: The majority of individuals benefit from the therapy process, but results vary dependent on the conditions being treated. It is possible that a client will not improve. There is potential for disruption in your life while in treatment, and therapy can be emotionally painful. Your initial evaluation will include an explanation of your clinical symptoms, treatment plan, and estimated length of treatment.

II. Confidentiality: Information discussed during therapy sessions is considered confidential and will not be revealed without written authorization except as permitted by law. In certain circumstances, therapists are required by law to report suspicions of child abuse, elder abuse, and dependent adult abuse. Further, disclosure may be necessary if a client presents as a danger to himself or others, or where the client is gravely disabled. Disclosure may also be pursuant to a legal proceeding.

III. Payment for Services: Clients are expected to pay for services at the time services are rendered. This office files insurance claims for those clients whose insurance companies pay for part or all of the services provided. The client is expected to pay his or her portion at the time of the visit. Clients are reminded that professional services are rendered to the client, not to the insurance company. The client is ultimately responsible for the payment of services rendered. Please inform the office immediately if your insurance changes, as failure to do so will result in charges billed directly to you.

Fee for services include, but are not limited to, \$125 for 45-50 minute individual, conjoint, or family sessions, \$60 for 25 minute sessions, and \$40 for group therapy. Telephone consultations are billed at \$30 for fifteen-minute increments of time. The fee for completion of brief forms is \$40. There is a \$25 fee for returned checks. All fees are subject to change. Some services, such as telephone consultations and narrative reports, are not typically covered by insurance companies and will be billed directly to the client.

IV. Cancellation of appointments: A scheduled appointment is a reservation of time for the client. Therefore, **a minimum of twenty-four (24) hours' notice is required to cancel an appointment.** Clients who fail to give twenty-four hours notice will be charged the **full fee** for the appointment. This includes the copay, as well as the portion that is normally paid by the insurance company. The insurance company will not pay for missed appointments. Our office does not call clients to remind them of scheduled appointments.

V. Emergency procedures: To contact your therapist call **(949) 753-8800** and follow instructions for voicemail messages. Messages are checked several times per day, and all phone calls are returned in a 48-hour period of time. In the case of a life-threatening emergency that requires immediate assistance, dial 911.

I hereby authorize Sheila Hedden, LCSW to release any and all information regarding my psychological, drug or alcohol treatment to my insurance carrier and/or medical group for the purpose of claims administration and evaluation, utilization review and financial audit. I hereby assign Sheila Hedden, LCSW all obtainable monies for services rendered. I understand that any money received from any responsible party over my indebtedness will be refunded to me when my bill is paid in full. I also understand that I am responsible for charges not covered by my insurance assignment. I further agree in the event of non-payment, to bear the cost of my indebtedness along with any cost of collection, and/or court cost and reasonable legal fees should this be required.

I have read and understand these office policies.

Client's Name

Date

Signature of client, parent, guardian, or legal representative