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Statement of Understanding

Please read the following information carefully. If you have any questions or concerns about this material, I will gladly address them before we begin our session.

- **Consent and Confidentiality**

By seeking treatment with me, you are consenting to treatment under the guiding principles for clinical practice established by the National Association of Social Workers. Your therapy is held in confidence except:

· a court order, suspected child or elder abuse, or threat or harm to self or others Initial ____

- **Appointments**

Sessions are 45-50 minutes. If you cannot keep your appointment, notify me as soon as possible. A voicemail message message is acceptable.**The time set aside for each individual makes it necessary that a charge of $95.00 will be made for any appointments not cancelled a full 24 hours in advance or No Shows.** Initial____

- **Credit Card On File**

*** All clients are required to have a credit card on file. understand that this card will only be charged if you do not make a payment at the time of service, for missed appointments, or if you cancel without giving appropriate notice.** Initial _____

- **Fees and Insurance**

Payment is due at the time of service. If you have been authorized treatment by your managed care company, you are responsible for your co-pay or deductible not met by your insurance. There is a **$55** fee for all insufficient fund checks received, payment must occur prior to next scheduled appointment.
Any letters for Social Security Disability, school correspondences, summary of treatment, or any other type of letter will be a **$25 to $150** fee depending on the type of letter. Please be aware Insurance companies do not reimburse for letters or missed appointments. Initial____

- **Emergencies**

I check my voicemail frequently. If an emergency arises and I have not returned your call in one hour, please go to the nearest hospital emergency room or county mental health center. In Cobb County, the mental health crisis line is 770.422.0202 and in Fulton County is 404.730.1600. Initial____

Please sign this statement indicating that you have read this information.

________________________________ ________________________________
Client/Guardian Signature Date Therapist's Signature Date