

Therapist-Client Treatment Information and Agreement

Welcome to my practice. I am a clinical social worker licensed by the Commonwealth of Virginia. My practice is independent, meaning that I am not associated with any other provider of psychological or counseling services in this suite. This document contains important information about my professional services and business policies. I would like you to take the time to read this information so you will know what to expect when entering into therapy with me. When you sign this information sheet, it will represent an agreement between us.

Psychotherapy Services

Psychotherapy is not easily described in general statements. It varies depending on the personalities of the psychotherapist and the client, and the particular problems you bring forward. There are many different methods I may use to deal with the problems that you hope to address.

Participating in psychotherapy can result in various benefits to you, including: developing personal insight; reducing emotional distress; increasing your capacity for intimacy; and resolving other specific concerns. Psychotherapy can have risks as well. During the course of therapy you may experience uncomfortable feelings or you may experience unexpected consequences. You are encouraged to give me feedback and input about the course of your therapy as it proceeds. While success cannot be guaranteed, therapist and client join together in a good faith interest in meeting the goals of the client.

Confidentiality

All information that you share in our sessions is strictly confidential. This means that the information that you share will not be shared with anyone other than whom you designate by written release of information. There are times, however, when I will be ethically and legally required to disclose information with or without your permission. The following are circumstances when information might be shared without written permission: (a) in the event that I believe there is a clear and imminent danger to either yourself or another person; (b) when there is suspicion of child abuse or neglect or a suspicion of abuse or neglect to an elderly or disabled person, which by law must be reported to the appropriate authority; and (c) when the courts require me to share information, and all attempts to block such a motion have failed. This last circumstance is a rare occurrence and would not happen without your knowledge. In addition, if you are under the age of 18, your legal guardian has the right to be informed about your course of treatment and to have access to your records.

Sarah A. Leffler, MSW, LCSW, LLC
Licensed Clinical Social Worker

Beginning Therapy

Our first few sessions will involve an examination of your needs. By the end of the evaluation, I will be able to offer you some first impressions of what our work will include, if you decide to continue with therapy. During this time, we can both decide if I am the best person to provide the services you need in order to meet your treatment goals. I encourage you to evaluate this information along with your own opinions of whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy, so you should be very careful about the therapist you select. The first few sessions will be consultative in nature. If I do not feel that I am the best person to help you, I will offer you some referral options.

Ending Therapy

I look forward to collaborating with you so that you may obtain what you are seeking through therapy. I will work diligently with you and ask that in return you bring an openness and commitment to the work. I also ask that you agree to leave therapy only after having a final session to discuss your progress and any future needs.

Cancellation Policy

Cancellations made with less than 24 hours notice, except in cases of emergencies, will be billed at 50% of my full session fee, or \$70.00. Please be aware that insurance companies do not reimburse for missed appointments. In the event that you are sick or have to cancel at the last minute, I will make every effort to reschedule the appointment within the same week so that you will not be charged for a missed session. However, it is often quite difficult to find a new meeting time during the week, and if we are unable to do so, you will be charged for the missed session.

Professional Fees and Billing Information

The fee for sessions is \$140.00 per 55-minute session, subject to change with two months notice. The standard fee may be charged on a prorated basis for extended telephone consultation. Brief phone contacts of less than ten minutes duration and calls related to scheduling issues will not be billed. Payment may be made by check or cash. A monthly statement for all sessions will be provided to you. If your balance remains unpaid after 30 days, I reserve the right to suspend or discontinue treatment until charges are paid in full. If payment is not made, there will be a brief time period devoted to the termination of the work where I will be able to offer referral assistance to you.

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I am a preferred provider for some of the Blue Cross Blue Shield insurance plans. I am also an approved out-of-network provider for Tricare. You are responsible for verifying and understanding the limits of your insurance coverage.

If I am a provider with your plan, then I have agreed to a specified fee and will submit claims electronically to the insurance company on your behalf, but you are responsible for all co-payments and deductibles.

PLEASE SIGN IF USING YOUR INSURANCE PLAN:

I authorize the release of any information necessary to process insurance claims, to request additional sessions, to verify medical necessity of the sessions, or to satisfy the insurance plan's audits or quality reviews.

Sign _____ Date _____

I also authorize payment of benefits to my provider.

Sign _____ Date _____

If I am not a provider on your plan, I will bill you my full session fee and I can give you an invoice so that you can seek reimbursement from your insurance company according to their policies. Insurance companies differ as to whether they will reimburse for out of network providers and to what extent. If reimbursement is denied, you agree to be responsible for the full amount of charges incurred

I've read and understand the information contained in this document. I have had the opportunity to discuss my questions and concerns regarding services with Sarah A. Leffler, MSW, LCSW, LLC, during our initial interview and I consent to the services and policies outlined here.

Client's Signature

Date

Printed Name