

Suzanne V. Perry, LCSW, LLC
7341 Jefferson Hwy., Suite E Baton Rouge, LA 70806

Client Information and Office Policy Statement Informed Consent

I. New Client, Welcome!

Thank you for choosing to enter counseling. Please take time to acquaint your self with information relevant to treatment, confidentiality, and office policies. I will be happy to answer any questions you have regarding any of these policies. **Please read carefully before initialing and signing consents.**

II. Goals:

My primary goal is to help you identify and solve problems that negatively impact your daily life and relationships as well as deal with inner conflicts that disrupt your ability to function effectively. I will help you clarify and achieve your goals for positive change.

You are responsible for providing necessary information to facilitate effective treatment. You are expected to play an active role in your treatment, including working with your therapist to outline your counseling goals, complete agreed-on homework assignments, and assess your progress. Your progress in therapy often depends more on what you do between sessions rather than on what happens in a session.

III. Appointments:

Practice hours are Monday through Wednesday. Appointments are scheduled from 45-50 minutes. Clients are generally seen weekly or every other week. For acute problems, you and I may agree to meet more frequently. You may discontinue therapy at any time, but please discuss any decisions about your therapy with your therapist.

In the event of a crisis, contact me on my cell phone at 225-936-5512; you will be charged for calls over 5 minutes. If I am not available, leave a message and then contact your physician, psychiatrist, or a care manager with your health insurance carrier. In the event of an emergency, contact your local hospital emergency room, crisis hotline, or **911**. In Baton Rouge, contact the

COPE Team, Our Lady of the Lake Hospital: 225-765-8900 or the
Baton Rouge Crisis Hotline, "THE PHONE:" 225-924-3900

IV. Confidentially:

Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged." However, there are limits to the privilege of confidentiality. These situations include: 1) suspected abuse or neglect of a child, an elderly person or a disabled person, 2) when your therapist believes you are in danger of harming yourself or another person or you are unable to care for yourself, 3) if you report that you intend to physically injure someone the law requires your therapist to inform that person as well as the legal authorities, 4) if your therapist is ordered by court to release information as part of legal involvement in litigation, 5) when your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc., 6) in natural disasters whereby protected records may become exposed, or 7) when otherwise required by law. You may be asked to sign a Release of Information so that your therapist may speak with other mental health professionals or your primary care physician or family members on your behalf to facilitate or coordinate your care. **Initial**

V. Record Keeping:

A clinical file is maintained containing demographic and personal information including history, your concerns, your goals, progress, and session notes as well as dates of and fees for sessions. Your records will not be released without your written consent, unless in those situations as outlined in the Confidentiality section above. For your privacy, your records are locked.

VI. Fees:

The fee for an Initial Session is \$130.00, which includes an administrative fee.

The fee for subsequent 45-50 minute sessions is \$100.00.

Insurance carriers reimburse for 45-minute sessions. If you use health insurance, your fee is adjusted according to contracted insurance discounts, your deductible, and/or your co-insurance or co-payment rates. This varies with different carriers and plans. It is your responsibility to familiarize yourself with your insurance benefits. It is your responsibility to report deductible amounts prior to your first appointment. It is your responsibility to obtain any necessary authorization codes prior to your initial appointment.

According to your _____ insurance plan, your annual deductible is \$_____, your co-insurance or co-pay after meeting your deductible is \$_____.

VII. Payments:

Payment is due at the beginning of each session. Your therapist will file your insurance claim, but you are responsible for deductibles, co-insurance, and co-payments. You are responsible for knowing your mental/behavioral health benefits, etc. Services not paid for by the client's insurance are the client's financial responsibility. I read and agree to this policy _____ (Initial).

It saves your valuable time when you write your check while waiting for your appointment and have your payment ready when you enter the session. In an effort to keep cost down and to afford you the courtesy of my filing your insurance claims, I do not accept credit or debit card payments. I accept checks or cash. Make your checks payable to Suzie Perry, LCSW. There is a \$25.00 charge for checks returned for insufficient funds.

VIII. Cancellations and Missed Appointments:

Scheduled appointment times are reserved especially for you. If an appointment is missed with less than 24-hour notice, you may be billed the full fee. Insurance companies do not pay for missed appointments; therefore, you may be billed for the full contracted fee of \$_____, not just your co-payment. You may leave messages 24 hours a day at 225-927-4007, mailbox #1. I read and agree to this policy _____.

IX. Complaints:

You have a right to have your complaints heard and resolved in a timely manner. If you have a complaint about your treatment, therapist, or any office policy please inform me immediately and discuss the situation. If you do not feel the complaint has been resolved, you may also inform your insurance carrier or the social work licensing board and file a complaint if you choose.

X. Consent for Treatment:

By signing below, you are stating that you have read, understood, and agree to this 2-page statement and you have had questions answered to your satisfaction. You have a right to a copy of this agreement.

Suzanne V. Perry, L.C.S.W., L.L.C.
Licensed Clinical Social Worker

INFORMED CONSENT

I accept, understand, and agree to abide by the contents and terms of this two-page agreement, and further I consent to participate in assessment and/or treatment with Suzanne V. Perry, LCSW. I understand that I may withdraw from treatment or resend this agreement at any time.

Printed Name of Client: _____

Client or Guardian Signature: _____

Date: _____

Printed Name of Co-Client: _____

Client or Guardian Signature: _____

Date: _____

Therapist/Witness: _____

Date: _____

These policy statements, information, and agreement are in compliance with HIPAA regulations.