

## Policy and Fees

**Fees:** The fee for the initial assessments and intake is \$125; allow up to 90 minutes for this session. Subsequently, the session fee is \$90 per 50 minute session. Fees will be remitted at the end of each session by cash, check, or credit card. Your receipt will appear as a text message on your cell phone. If you do not wish your receipt texted to you please indicate that on your Intake Form. Cancellations: Please give at least 24 hour notice when canceling appointments. All sessions begin and end promptly within its time period.

**Health Insurance:** This office does not accept any health insurance plans. Insurance companies require a mental health diagnosis which becomes part of your public medical record. We choose not to participate for that reason. Sometimes insurance companies will allow you to submit your receipts for reimbursement. We recommend that you check with them to see if they will help you with that. Also, it may be that your copay may be very close to the actual cost of treatment. We are always happy to discuss this with you.

**Guarantee:** There is no guarantee in therapy. You may experience more emotional pain while working on deep issues. The therapeutic work is intended to increase insight and quality of life. All issues are met with the utmost care, respect, and honesty.

**Confidentiality:** All the work done in the consultation room and within the therapeutic relationship is confidential. Who you are, what you say and what you do will be held in the strictest confidence and the greatest respect. Federal and state regulations require us to report in case of the following:

- Intent to harm self or intent to harm others. If you state the intention to harm a reasonably identifiable victim or if you have a serious plan to harm or kill yourself, this must be reported to the local police.
- Child abuse. If there is a report of any ongoing physical, emotional, sexual abuse or neglect of a child, it will be reported to Child Protective Services.
- Dependent/Elder Abuse will be reported to Adult Protective Services
- A signed letter of release of confidentiality.
- A court of law may subpoena records.

We sometimes collaborate and discuss our work together with another licensed therapist or colleague. If this occurs, your identity will be disguised. \*Note: Before any of these reports are made, you would be aware if at all possible.

**Termination:** You have the right to terminate therapy at any time. It is recommended that there be at least 6 sessions prior to terminate for closure. I may terminate you if payment is not made or you refuse to follow therapeutic recommendations such as remaining sober, filling prescriptions, etc. At that time, you will be given 3 recommendations for continued care.

**Accessibility:** If time or attention needs to be given between sessions, please leave a message on my Voicemail and I will return your call within 24 hours. If there is a personal emergency, you may call Dr. Judith's personal cellphone at **602.423.5458** and she will return your call ASAP. We want to be available to you however we do ask for respect of our off-hours time. If a more severe or immediate emergency arises, please call 911.