

Welcome to the Office of

**LEIGH ANNE MEHLDAU, LCSW**

LICENSED THERAPIST & CERTIFIED DIVORCE MEDIATOR

**Welcome Packet: Policies and Procedures**

I am glad you have chosen my services for your mental health care and look forward to working with you. I recognize that making the decision to seek help and support outside of your friend and family network is not always an easy step to take.

My primary initial goal is to begin to establish a professional and trusting working relationship with you, as well as to gather pertinent information to effectively guide the course of treatment. I ask that you please take the time to review this packet to better understand my policies and procedures. If you have any questions, please do not hesitate to ask.

**Your Intake Assessment is scheduled for \_\_\_\_\_.**  
**If unable to keep this appointment, please contact me as soon as possible at (860) 558-9595 or [therapy@lamehldau.com](mailto:therapy@lamehldau.com) to reschedule. Thank you.**

1. **Referral Process**

- For initial telephone contact, please leave a confidential voicemail message with your name, telephone number, and email address. **Please indicate if you permit me to leave voicemail messages and are comfortable with texting during the course of therapy.**
- I will respond to you within 24-48 hours to gather demographic information, insurance/billing information, and to discuss the presenting issues. The in-office or video telehealth intake assessment will be scheduled at that time.

Though I am often able to meet with you within 2-4 weeks, there may be a wait list for up to 6 weeks. This will be discussed with you at the time of your initial contact and options will be discussed.

- When possible, I will email you the initial paperwork in advance to complete at home. Please be sure to fill out the paperwork as honestly and completely as possible. **Please remember to email or bring your completed paperwork and updated insurance card to your appointment.**

2. **Insurance, Billing, and Out-of-Pocket Fees Information**

- If you elect to use your Employee Assistance Program (EAP) and/or insurance benefits, please be advised that you are responsible for obtaining prior authorization, when required, and informing us of any insurance-related changes during the course of treatment. **It is your**

**responsibility to be familiar with your insurance benefits and deductible. [Bring your insurance information to your first visit or send to me prior to our video telehealth intake appointment.](#)**

My services are covered under the following insurance plans:

Anthem Blue Cross and Blue Shield  
Value Options  
Cigna  
Beacon Health  
Insurance companies with out-of-network benefits

- **Co-payments and deductible payments are expected at the time of service. I accept cash, check, and major credit cards as method of payment.** For all credit card transactions, a 3% processing fee will be applied. Upon request, you will be provided with a receipt of payment for your records.
- If you have chosen to be personally responsible for the services provided, full payment is expected at the time services are rendered. [Fees apply to in-office and video telehealth services.](#) **Unless alternate payment arrangements have been made prior to the initial intake appointment, my fees are as follows:**

* Initial Intake Assessment	\$165.00
* Family and Couples Sessions (including ind. meetings with spouse/partner)	\$140.00
* Individual Sessions	\$130.00
* Telephone Sessions (30-45 min.)	\$75.00
* In-Home Services	\$150.00

Please be advised that you may be charged for 2 units of service for travel and time.

Emergency Intake Services (within 48-72 hours)	\$175.00
Emergency Out-of-Office Meetings/Sessions for Current Clients	\$165.00
* Service Provider Collaborative Meeting (i.e. Court hearing, PPT meeting, co-therapy session, DCF meeting, etc.)	\$150.00

Please be advised that you may be charged for 2 units of service for travel and time.

* Telephone Conferences with other professionals involved in your care (15 minute minimum)	\$45/15 min.
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\* For additional services not listed, a fee may be applied.

Whenever possible, all video telehealth, telephone, home-based, or services other than typical office visits will be billed to your insurance carrier. Please be advised that I am not able to bill your insurance company for some services. Please be prepared to pay a co-payment, or when required, out-of-pocket fees for some necessary services.

If you are concerned about all this, please be sure to discuss it with me in advance so we can set a policy that is acceptable for both of us. I make every effort to be flexible and accommodating in offering payment arrangements. Of course, there is no charge for telephone calls, text messages, or emails about appointments or similar business.

**If you think you may have trouble paying your bills on time, please discuss this with me. I will also raise the matter with you so we can arrive at a solution. I am willing to make suitable payment arrangements with you. If your unpaid balance reaches \$200.00, I will notify you. If it then remains unpaid after 90 days, I must stop therapy with you. Fees that continue unpaid after 90 days will be turned over to small-claims court or a collection service.**

If there is any problem with my charges, billing, or any other money-related point, please bring it to my attention. I will do the same with you. Such problems can interfere greatly with our work in therapy. They must be worked out openly and quickly. I realize that my fees involve a substantial amount of money, though they are reasonable and customary with other similar professionals' charges in the Hartford area. For you to get the best value for your money, we must work hard and well.

3. **Late Cancellation and Failed Appointment Policy**

In efforts to be flexible and accommodating with scheduling appointments, I require at least 24 hour advance notice for all cancellations, except in the event of an emergency.

For the **first** failed appointment or late cancellation, you will not be charged. For all subsequent failed appointments or late cancellations, you will be personally charged a fee of **\$75.00**.

4. **What to Expect for the Intake Assessment Appointment**

The purpose of the intake is for us to become acquainted and to begin to establish a treatment plan or goals to address in therapy. It is the opportunity to begin to provide necessary and important personal information with regard to your overall physical and mental health, daily functioning, and family background so I can best assist you in taking the steps to improve the quality of your life. This will also assist me in determining whether additional and/or alternative treatment options may be needed as well.

- When you arrive for an office visit, please take a seat and make yourself comfortable. I will be out to greet you shortly. [For video telehealth appointments, please go to https://doxy.me/leighannemehldaulcsw](https://doxy.me/leighannemehldaulcsw) and [sign in to my on-line waiting room](#).
- If you did not receive the intake paperwork via email prior to your scheduled appointment, please plan to arrive approximately 20 minutes prior to our meeting to complete the paperwork. You will find it on a clipboard resting on a chair in the waiting room. Please have your insurance card available. The initial paperwork you must fill out includes:

- Welcome Packet (Policies & Procedures)
- Therapy Agreement (you will be given a copy for your records)
- Adult Information Form
- HICCFCA Insurance Form
- Credit Card Authorization Form
- Notice of Privacy Practices
- Notice of Privacy Practices Sign-Off Sheet
- Presenting Symptoms/Health Information Form

--Authorization Form to permit communication with your primary care physician, as deemed necessary **(required)**

If your child is receiving services, the following forms must be completed and signed:

- Welcome Packet (Policies & Procedures)
- Therapy Agreement (you will be given a copy for your records)
- Child Information Sheet
- HICCFCA Insurance Form
- Credit Card Authorization Form
- Notice of Privacy Practices
- Notice of Privacy Practices Sign-Off Sheet
- Child Behavioral Checklist
- Parenting Questionnaire
- Authorization Form to permit communication with your child's pediatrician, as deemed necessary **(required)**
- Authorization Form to permit communication with the Department of Children & Families, if applicable

- The intake appointment will take about 1-1 1/4 hours.
- You will be asked a series of personal questions and provided with information about my professional background and experiences, and treatment approaches and skills to help guide both of us in the direction of treatment.
- Together we will determine the frequency of therapy sessions and the configuration of who will attend and when. For instance, there may be times in couples therapy when it would be beneficial for each person to attend occasional individual sessions. Furthermore, in some cases, it is determined that individual therapy that includes a referral to another therapist may be necessary to further benefit the couple in therapy.

With regard to children in therapy, I often request that the parent(s) attend an initial "parent" meeting to address the current issues and gather pertinent information. That way, when the child attends the intake appointment I am able to spend more time with him/her individually with the goal of providing a comfortable and safe therapeutic environment. With young children, I provide a variety of age-appropriate, hands-on activities (arts/crafts supplies, games, etc.) and encourage them to explore and engage in the activities with me as we address issues. It is important that the child(ren) has individual time with me, as well as one and/or both parents be available to attend sessions, as needed. How therapy can best benefit for your child will be discussed with you in more detail during the intake appointment.

- As the intake concludes, we will together arrange subsequent sessions. Though every effort is made to offer you the most convenient appointments available, please be advised that after school and evening hours are generally filled up to 4-6 weeks in advance. Your understanding

and willingness to be flexible with scheduling on-going sessions is greatly appreciated.

5. **What to Expect in the Therapy Process**

Therapy is an on-going process that includes, but is not limited to, assessment, treatment, and case management with other service providers, as needed. Treatment goals and progress are routinely reviewed and adjusted or changed, as clinically indicated. You should always feel there is a consistent team effort and commitment within the therapy process. I welcome feedback about my services at any point to better improve our work together.

As with any powerful treatment, there are some risks as well as many benefits with therapy. You should think about both the benefits and risks when making any treatment decisions. For example, in therapy, there is a risk that patients will, for a time, have uncomfortable levels of sadness, guilt, anxiety, anger, frustration, loneliness, helplessness, or other negative feelings. Clients may recall unpleasant memories. These feelings or memories may bother a client at work or in school. In addition, some people in your community may mistakenly view anyone in therapy as weak, or perhaps as seriously disturbed or even dangerous. Also, clients in therapy may have problems with people important to them. Family secrets may be told. Therapy may disrupt a marital relationship and sometimes may even lead to a divorce. Sometimes, too, a client's problems may temporarily worsen after the beginning of treatment. Most of these risks are to be expected when people are making important changes in their lives. Finally, even with our best efforts, there is a risk that therapy may not work out well for you.

While you consider these risks, you should know also that the benefits of therapy have been shown by scientists in hundreds of well-designed research studies. People who are depressed may find their mood lifting. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to talk things out fully until their feelings are relieved or the problems are solved. Patients' relationships and coping skills may improve greatly. They may get more satisfaction out of social and family relationships. Their personal goals and values may become clearer. They may grow in many directions—as persons, in their close relationships, in their work or schooling, and in the ability to enjoy their lives.

- Sessions are generally 45-50 minutes. Depending on the age and developmental ability of your child, individual sessions may be shortened in order to best meet their needs. **Please note, however, that full payment for the 45-50 minute session (or co-payment) is expected.**
- When available or clinically indicated, a double session of 90 minutes may be offered. **A double co-payment or full-fee out-of-pocket charge will be expected.**
- Future appointments will be reviewed with you at the end of each session.
- **Please be prepared to schedule between 3-4 sessions in advance. If not, there may be a period of inconsistency in your treatment on account of limited appointment availability.**
- You may be provided with “homework” in the form of worksheets, handouts, or other information for you to concentrate on at home. By taking the necessary time to complete your assignments at home, you are

increasing the likelihood of therapy being more successful and beneficial for you in achieving your personal treatment goals.

- I take notes during or shortly following each session.
- The length of therapy and frequency will be determined together. For the first few months, sessions are generally scheduled 1x/per week or bi-monthly to gain momentum in the therapeutic process and maintain consistency. As time goes on, many clients feel better and are comfortable with scheduling sessions every 4-6 weeks.
- The process of ending therapy, called “termination,” can be a very valuable part of our work. Stopping therapy should not be done casually, although either of us may decide to end it if we believe it is in your best interest. If you wish to stop therapy at any time, I ask that you agree now to meet for at least one final session to review the work we did together, the treatment goals, and your choices. If you would like to take a temporary break from therapy this should be discussed to determine how this can be beneficial for you.

## **6. My Current Office Hours**

Phone: (860) 558-9595, Email: [therapy@lamehdau.com](mailto:therapy@lamehdau.com), Website: lamehdau.com

Monday	10:00 a.m.- 8:00 p.m.	Thursday	9:30 a.m.- 7:00 p.m.
Tuesday	9:30 a.m.- 1:30 p.m.	Friday	9:30 a.m.-3:00 p.m.
Wednesday	9:30 a.m.-7:00p.m.	Weekends	As deemed necessary

I cannot promise that I will be available at all times and I do not take phone calls when I am with a client. You can always leave a routine or confidential message on my voicemail, or text message, and I will reply as soon as I can. Generally, I return routine messages within 24-48 hours, except on weekends and holidays.

- a. When I plan to be out of the office for more than 2-3 work days, such as vacations or out-of town business conferences, I arrange for emergency coverage with a colleague. His/her contact information will be made available to you at that time.
- b. If you have an emergency or crisis, call my business phone number at (860) 558-9595. If I do not answer, please leave a message as I check my messages frequently throughout the day. If you have a behavioral or emotional crisis and cannot reach me immediately, you or a family member should call 911, or a local Mobile Crisis Team Program.

## **7. Important Information for Separated or Divorced Families**

When a child whose parents are in the process of, or have divorced, is referred for therapy, I require that both parents consent to treatment and agree to meet with me on an as needed basis (except in cases when the child has minimal or no contact with one parent). If this presents as a challenge, I am willing to assist in the communication process between the parents in obtaining consent and arranging therapy for their child. I

am willing to arrange regular telephone consultations to address issues on behalf of the child when a parent lives more than 1 ½ hours from the office.

Telephone consultations tend to be a minimum of 30 minutes and the out-of-pocket fee is \$75.00. Fifteen minute consultations are \$45.00.

Please be advised that I often request to meet with one or both parents together, depending on the circumstances. Parent meetings are on held behalf of your child and payment arrangements between the two parents must be agreed upon. Otherwise, these issues will quickly interfere with the therapeutic process, negatively impact your child emotionally, and sessions may be cancelled or temporarily ceased.

For the purpose of clarification regarding insurance and billing matters, it is your responsibility to:

- c. Maintain communication between one another about insurance coverage, deductibles, and any other billing matters associated with coverage for my services.
- d. Make payment arrangements together to ensure I am paid consistently and in a timely manner.

Since your child was referred for treatment, face-to-face sessions with any family members involved will be billed under his/her name to your insurance carrier. **If one parent has different insurance coverage, I am not able to bill his/her insurance company for individual parent meetings.**

**If you are seeking individual therapy for yourself or family therapy services for your child(ren) and ever become involved in a divorce or custody dispute, I want you to understand and agree that I will not provide evaluations or expert testimony in court. You should hire a different mental health professional for any evaluations or testimony you require. This position is based on two reasons: (1) My statements will be seen as biased in your favor because we have a therapy relationship; and (2) the testimony might affect the integrity of our therapy relationship, and I must put this relationship first.**

Case #: \_\_\_\_\_

### **Our Therapy Agreement**

I, \_\_\_\_\_, (or on behalf of my child), \_\_\_\_\_, understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, Leigh Anne Mehdau, LCSW, before I start (or the child starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this packet, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by Leigh Anne Mehdau, LCSW, about the results of treatment, the effectiveness of the procedures used by her, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this packet. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this packet. I hereby agree to enter into therapy with Leigh Anne Mehdau, LCSW (or to have my child enter therapy), and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

Relationship to client:

- Self    Parent    Legal guardian  
 Health care custodial parent of a minor (less than 14 years of age)  
 Other person authorized to act on behalf of the client

I, Leigh Anne Mehdau, LCSW, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this packet. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

\_\_\_\_\_  
Signature of therapist

\_\_\_\_\_  
Date

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate your referring other people to me who might also be able to make use of my services.

Copy accepted by client       Copy kept by therapist