

**INFORMED CONSENT FOR TREATMENT
& PRACTICE POLICIES**

CONFIDENTIALITY

Therapy sessions are confidential. Verbal information and written records cannot be shared with another party without the written consent of the client or the client's legal guardian. Exceptions are as follows:

Duty to Warn and Protect

If a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a therapist has reason to suspect that a child or vulnerable adult has recently been abused or neglected, the therapist is required to report this information to the appropriate social service agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Health Care Professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors / Guardianship

Parents or legal guardians of non emancipated minor clients have the right to access the clients records. Clients ages 14 and older are considered by mental health regulations to have the right to confidentiality.

Insurance Companies

Insurance companies and other third-party payers require client information for purposes such as reimbursement. Information that may be required includes, but is not limited to, types of service, dates and times of service, diagnosis, treatment plan, description of concern, progress of therapy, case notes and summaries.

Communication

Communication via emails, phone calls, FAX and texting cannot be considered 100% confidential. Information sent electronically should be kept to a minimum, when possible, to protect your information. When communicating in these ways, confidentiality of the service cannot be guaranteed.

FEES & PAYMENT

Sessions are 50-55 minutes long. Fees will be discussed in advance of any appointments made. Therapist will be available to you in between sessions; however, consultation over 15 minutes may be charged as a session. Payment must be made by cash, check or credit card and is due before the start of each session.

If for some reason payment cannot be made at that time, a balance can be carried over for one week. Any balance remaining after one week will be charged to the credit card on file. Future sessions will not be scheduled until outstanding balances have been paid.

By completing the information below, you authorize Lynne Moser, LCSW, LLC to charge you for any outstanding balance that has not been paid at the time of session. Payment will be processed through IVY PAY, A HIPAA-compliant payment system designed exclusively for therapists. Lynne Moser will not have access to your credit card number; you will enter it privately through your own cell phone into their secure system.

All checks can be made payable to: **Lynne Moser, LCSW, LLC** and must be received in advance of scheduled sessions. There will be a \$35 fee for any returned checks.

CANCELLATIONS & NO-SHOWS

When an appointment has been scheduled, that date and time have been reserved for you. If it is necessary to cancel an appointment, please provide as much notice as possible and I will make an effort to reschedule at a time convenient for you. Of course, there may be an unforeseen circumstance that makes it impossible to provide adequate notice of a cancellation. Generally, my policy is to offer one "pass".

A second late cancellation, no-show or missed session, and subsequent ones will be charged at the full rate. If it is an ongoing concern, we (in good faith) will hopefully discuss and ameliorate any problems with scheduling. Lynne Moser, LCSW reserves the right to require prepayment for sessions or to discontinue services should there be repeated no-shows or late cancellations.

Please note: Cancellation is required 24 hours in advance of your scheduled appointment in order to avoid being charged. It is my hope that you respect these policies so that services can be readily available to clients that request to be seen.

INSURANCE REIMBURSEMENT

Utilizing your insurance requires a therapist to diagnose you with a mental disorder recognized by the American Psychiatric Association (APA). The diagnosis becomes part of your medical record, can affect future determinations for services such as life insurance, and may appear on certain background checks. Your insurance company can also request to review your complete records for quality assurance, including the session progress notes written by your therapist. For these reasons, some clients choose to pay out-of-pocket to fully protect their confidentiality.

Lynne Moser, LCSW, LLC is an out-of-network (OON) provider with insurance companies. I will provide you with the necessary receipt to receive reimbursement for services from your insurance company. Before scheduling services, you may want to call your insurance company and ask the following questions:

- Do I have mental health benefits?
- What are my out-of-network benefits?
- Do I need an authorization number or pre-certification?
- What is my deductible in has it been met?
- How many sessions per year are covered?
- What is the amount covered or percentage reimbursed per session?
- Is approval required from my primary care doctor?

THERAPIST AVAILABILITY

You may leave a voicemail message for Lynne at 917-605-1006 at any time. You can also send an e-mail to lynne@lynnemoser.com to communicate non-confidential information such as scheduling appointments. I will make an effort to return your message within 48 hours. Please indicate any urgency in your message. If you have an emergency, please call 911 or the nearest crisis center or emergency room.

MORE ABOUT THERAPY

Therapy involves a collaborative relationship and effort from both the therapist and client. It is important to be aware of the benefits and risks of engaging in therapy before

deciding if this is the right time for you. Growth and change involve taking risks. Increasing awareness of our true feelings and discussing them can sometimes result in uncomfortable levels of fear, anger, guilt or sadness. In therapy, you may recall memories from your past that may be emotionally difficult. At times, it may seem that things are getting worse; this can be expected when beginning to make changes and working towards healing critical areas of your life. Another risk is that you could invest time and money in therapy and not see improvement. In order to protect yourself against this risk, I encourage open communication, especially related to a lack of progress toward your goals. When considering these risks, you should also know that the benefit of therapy has been well documented in numerous carefully-designed research studies. Therapy provides an opportunity to better understand oneself and others, resolve conflict and decrease distressing symptoms such as depression and anxiety. Therapy may reduce stress, decrease self-sabotaging behaviors, improve relationships and comfort in social situations. Please feel free to question my approach at any time. If we are not a good fit, I will of course refer you to another mental health professional who may better suit your needs.

CONSENT FOR TREATMENT

I, _____, have read the information provided in
(Client full name)

the Intake packet regarding confidentiality, fees, payment, cancellation, insurance, therapist availability and the risks/benefits of therapy. I fully understand the policies outlined in this document and agree to comply with them.

Client/Legal Guardian Signature

Date

CONSENT FOR TREATMENT OF MINORS (UNDER 18)

Client Name: _____ DOB: _____

We are the biological/adoptive parents of _____ and give permission to Lynne Moser, LCSW, BCD to provide counseling and psychotherapy services to my/our child(ren).

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____