

Joseph T. Wilkinson, LICSW

3949 Old Post Rd, Suite 101
Charlestown, RI 02813

Policies and Procedures

Welcome. Please review and initial each section below. If you have any questions, contact Joseph T. Wilkinson, LICSW.

Privacy

By initialing below, you acknowledge that you have reviewed and may request a copy of the Notice of Privacy Practices.

Initial: _____

Appointments

Appointments are 50 minutes unless otherwise discussed. To reschedule, please contact your clinician at least 48 hours in advance.

Cancellations or reschedules with less than 48 hours' notice, or missed appointments without notice, will incur a \$50 fee. Two or more consecutive missed appointments without contact may result in discharge from this practice at your clinician's discretion.

Initial: _____

Professional Fees

Session fees: \$155 for individual, \$200–\$300 for couples/family (55 minutes). Sliding scale and insurance discounts may apply. Payment is due at the time of the session unless other arrangements have been made. Accepted methods: cash, check, money order, Visa, Mastercard, Discover, American Express.

Missed sessions or cancellations with less than 48 hours' notice will be charged in full.

Make checks or money orders payable to: Joseph T. Wilkinson, LICSW

Initial: _____

Insurance

Coverage varies by plan. We will file insurance claims on your behalf, but clients are responsible for balances not covered by insurance. Co-pays are due at the time of session. Sliding scale options are available for clients with limited income or no insurance.

Select payment method:

☐ Check/Cash ☐ Credit Card ☐ Insurance or EAP (please bring your insurance card)

Insurance Company: _____ Policy #: _____

Group #: _____ Co-Pay: _____ Primary Insured: _____

Employer of Insured: _____ Insurance Phone #: _____

By initialing, I acknowledge understanding the above fee policy and authorize the release of medical information for billing purposes, and authorize insurance payment directly to the therapist as applicable.

Initial: _____

Communication & Emergencies

Your clinician may be available for brief phone contact. In a crisis, please go to the nearest ER, call 911, or contact Butler Hospital at (401) 455-6200.

Do not use email, text, or voicemail in emergency situations. Do not arrive at the office without an appointment.

If you choose to use text or email, understand these methods are not fully secure. By initialing, you consent to limited use of these methods despite the risks.

Initial: _____

Consent for Treatment

I consent to receive psychological treatment from Joseph T. Wilkinson, LICSW. I understand the limits of confidentiality, my financial obligations, and the benefits and risks associated with therapy. I understand that my progress depends on active participation during and between sessions.

Initial: _____

All policies are subject to change.

Client Name: _____

Client Signature: _____ Date: ____ / ____ / ____

Witness Signature: _____ Date: ____ / ____ / ____