

**INNERWORKINGS**  
**POLICIES**  
**Client Information**

**CONTACT INFORMATION**

Welcome to Innerworkings. Diana Benjamin Rodriguez, LCSW, CAADC can be reached at 571-781-0685. My email address is [drodriguez@innerworkings.va.com](mailto:drodriguez@innerworkings.va.com). Please keep in mind that email is not a confidential form of communication, and so the privacy of email messages cannot be guaranteed. Therefore, email communication is not to be used for emergencies or time-sensitive issues. Ms. Rodriguez can be contacted via email for scheduling purposes. Routine and urgent calls will be returned within 24 hours. There will be a charge for any calls that last over 15 minutes. Ms. Rodriguez does not provide crisis management or psychiatric care, therefore around-the clock availability is not guaranteed. However, if you experience an emotional or behavioral crisis that is not urgent or life threatening you can contact Ms. Rodriguez at 571-781-0685 and she will return your call within 24 hours. If you cannot wait for a response from Ms. Rodriguez and/or if you are experiencing an urgent or life-threatening emergency, you will need to contact the Fairfax Community Services Board Emergency line at 703-573-5679 or 911. Otherwise proceed to the nearest emergency room and ask to see the mental health specialist on call. Life threatening emergencies are outside the scope of my services.

**APPOINTMENT AVAILABILITY**

There are some evening weekday appointments available as well as 9:00am-5:00pm times Friday and Saturday. The initial session will take about 60 minutes. All other sessions are 50 minutes long. Telephone sessions are available with established clients only. To assure that you get an appointment day and time that meets your need, it is recommended that you schedule two appointments at a time.

**RUNNING LATE**

If you are running 5 to 10 minutes late for your appointment, please call Ms. Rodriguez, and let her know of your delay. If you are later than 15 minutes you can choose to reschedule or be seen for the time that is left on your reserved time. These policies are in place to protect your time and those scheduled after you. Thank you for your consideration.

**RATES**

\$150.00 per 60-minute Initial assessment  
\$140.00 per 50-minute Couple/ Family session  
\$135.00 per 50-minute Individual session  
\$65.00 per 60-minute Group session

**PAYMENT & INSURANCE INFORMATION**

Payment for services is rendered at the beginning of each session. You can pay by form of cash or check made out to INNERWORKINGS.

INNERWORKINGS is out of network with all insurance providers. However, services provided may be covered in full or in part by your health insurance plan. You will need to contact your insurance provider and obtain the details regarding your out of network benefits. A receipt will all the necessary information required by your health insurance carrier for reimbursement will be provided to you at the beginning of each session.

**CANCELLATIONS**

Please note that your appointment time has been reserved for you. If you need to cancel your session, please contact Ms. Rodriguez at 571-781-0685 as soon as possible and leave a detailed message if she does not pick up. A minimum of 48 hours' notice is required to cancel an appointment. You may be charged in full for appointments cancelled less than 48 hours or for not showing up. Reasonable exceptions will be made for illness, severe weather, unexpected emergencies, etc.

**INNERWORKINGS**  
**POLICIES**  
**Client Information**

**CONFIDENTIALITY & NOTICE OF PRIVACY**

Diana Benjamin Rodriguez, LCSW, CAADC is required by law to protect the privacy of your information. Per Federal laws of confidentiality, Virginia law and the Virginia Department of Health Professions, Board of Social, confidentiality and privilege communication remain rights of all people involved in counseling. As a rule, without your written consent, Ms. Rodriguez will not disclose any information about you, or the fact that you are her client. Ms. Rodriguez will obtain your written consent if the need for disclosure arises. You have the right to revoke your consent (Release of Information) form, in writing, at any time.

**Duty to Warn:** However, Mrs. Rodriguez is mandated by law to use or disclose protected health information if an individual (involved in the counseling process) indicates that he/she intends to take harmful, dangerous or criminal action against another human. Ms. Rodriguez is legally required to warn appropriate individuals and the proper authorities of such intentions.

**Self-Harm/Suicide:** In cases in which the client discloses or implies a plan for suicide, Ms. Rodriguez is mandated to notify legal authorities and make reasonable attempts to secure the safety of the client.

**Child Abuse:** Additionally, any suspicion of child abuse (physical, sexual, neglect) in any form must be reported to the proper authorities.

**Individuals warned may include one or more of the following:** The person or the family of the person who is likely to suffer the results of harmful behavior; the family of the person who intends to harm himself or someone else; Associates or friends of those threatened or making threats; Law enforcement officials; Child Protective Services.

Before informing anyone, who should be warned, Mrs. Rodriguez will take all possible steps to first share that intention with the client. Every effort will be made to resolve the issue with the client to prevent the need for this type of intervention.

These are other examples, which are not exhaustive, of other uses and disclosures of protected health information; when the client is a minor (the parents are entitled to know the condition, diagnosis, and progress of therapy); If the client is or becomes a "vulnerable adult"; If the client releases information with a written authorization; If a judge court orders your records; When consultation or supervision with another mental health professional is desired in order to provide the best possible therapy. Such discussions will, of course, remain private within the consultation or supervisory relationship.

**Ethical Considerations:** The disclosure of secrets related to marital infidelity is expected in the marriage counseling process. Otherwise it would be unethical for Mrs. Rodriguez to maintain any such secrets.

I have read the above and understand its contents. If Ms. Rodriguez reasonably believes that I am a danger, physically or emotionally, to myself or another person, I accept and agree to Ms. Rodriguez informing my emergency contact person and or warn the person in danger and to contact the appropriate medical personnel and/or law enforcement officials and/or Child Protective Services. Otherwise, if there are reasons to disclose my Protected Healthcare Information, I will be provided a Release of Information form and I will specifically indicate the recipient(s) of my PHI.

Client Signature and Date: \_\_\_\_\_

Witness Signature and Date: \_\_\_\_\_