

DISCLOSURE STATEMENT * CLIENT-CLINICIAN AGREEMENT**

Please read, initial and sign, and date this document.

This document reflects the policies of the Clinician, Michael H Gillooly, LCSW-C regarding fees, privacy of records, confidentiality of information, and other administrative issues related to the provision of professional services to the Client.

FEE: The standard fee for a therapy session is \$120.00 for 45 minutes. Longer sessions are billed as follows: 60 minutes, \$160.00; 75 minutes, \$200; 90 minutes, \$240; 120 minutes; \$320. Fees may be re-assessed with 60 days notice. The initial intake appointment fee is \$150 for 60 minutes for individuals, couples, or families unless other arrangements are made in advance. Headache relief treatments can be scheduled in 15- or 30 minute increments after the first two sessions. The fee for a 30-minute session is \$80.00.

MISSED APPOINTMENTS: The Client agrees that if s/he is unable to keep an appointment, s/he will provide a minimum of 24 hours prior notice to Clinician by leaving a message on the Clinician's voice mail or by speaking with the Clinician directly. Email is not considered adequate notice. If an appointment is canceled or missed without 24 hours prior notice, the Client understands that s/he will be billed for the session. In this event the bill will reflect a late cancellation and not a clinical session.

For Clients who have elected to use their insurance, the minimum charge for an appointment no-show is \$60.00; this amount is subject to change at the Clinician's discretion. This missed session fee cannot be billed to the insurance company.

BILLING FOR TELEPHONE CONTACTS: Brief phone contacts with the Client of less than ten minutes duration and calls relating to scheduling issues will not be billed; however, the standard fee will be charged on a prorated basis for telephone contacts with the Client of more than ten minutes duration. Except in situations where the Clinician assesses the Client to be at risk of self-harm or harm to others, phone or written contacts with family or friends will not be made by the Clinician unless approved by the Client in advance with a signed release of information.

PAYMENT METHODS: Payment is due by check or cash at the time of the appointment. If, for whatever reason, the Client's account remains unpaid after 15 days, the Clinician reserves the right to suspend or discontinue treatment until the charges are paid in full or a suitable payment arrangement is agreed to in writing by both the Client and Clinician. If payment is not made in accordance with this arrangement, there will be a brief time period to terminating treatment during which the Clinician will offer referral assistance to the Client. If legal means are required to secure payment, the Clinician's reasonable legal and service costs will be charged and payable by the Client.

INSURANCE AND THIRD PARTY PAYMENTS: The Clinician accepts limited direct insurance assignments for standard counseling services (see separate document addressing direct insurance claims processing). Coaching or Headache Relief sessions are not covered by any health insurance plan at this time to my knowledge. For non-direct insurance Clients a monthly statement will be provided to the Client that can

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be submitted to the insurance company for reimbursement. At the Client's request, the Clinician will provide relevant clinical information to the insurance company for reimbursement purposes. **The Client should be aware that most insurance companies require a clinical diagnosis, and some require additional clinical information that becomes part of the Client's permanent health record in order for the insurance company to evaluate and process claims.** The Clinician assumes no responsibility for the continuing confidentiality of the information once it is released to the insurance company.

CONFIDENTIALITY: All communications between the Client and Clinician are considered confidential information and will only be released to a third party under the following conditions: a) the Client authorizes the Clinician to release information with the Client's written permission; b) the Client is threatening serious bodily harm to self or another; c) the Clinician learns that a child, an elderly person, or a disabled individual has been or is being abused; d) pursuant to a court order in a judicial proceeding; e) or as requested in a professional board investigation. In clinical situations where more than one person is the 'Client', such as in couples or family consultation, evaluation, or therapy or counseling, no information will be released without the written consent of all participating adults. In the absence of such written consent, the Clinician will respond to subpoenaed records by providing only the dates of service and/or contacts.

TERMINATION OF TREATMENT: The Client may terminate treatment at any time without moral, legal, or financial obligation beyond payment for services already rendered. It is expected that the Clinician and Client will discuss the prospect of termination so that both parties are clear about any details that might require attention as part of the termination process. If the Client cancels or misses a scheduled appointment and does not contact the Clinician within 30 days of that date, it will be understood that the Client has terminated treatment. The Clinician shall have no further obligation to the Client once treatment has been terminated. Should the Client make contact with the Clinician at a later date requesting additional services, the Clinician may choose to see the Client on a consultative basis, or may recommend that the Client seek services elsewhere.

The Client, by signing below, indicates that s/he fully understands and agrees to the policies stated on pages 1 and 2 of this document.

Client Signature: _____ Date: _____

Client Printed Name: _____

_____ Date: _____

Michael H. Gillooly, LCSW-C