

Informed Consent to Treatment; Office Policy and Procedures

The following procedures describe my responsibility to you the client and your responsibility for your care. It is my intention that this will enable me to provide the highest quality of care to all my clients. *By signing this form, you agree to follow these procedures.*

Length of Appointment

Each session is 50 minutes, to allow for scheduling and smooth transition between clients. Please be courteous of your appointment time. I do my best to start and end on time. If a client is in distress or has an emergency, I may run slightly over. If this occurs, I will adjust our time accordingly. *Sessions that exceed 50-55 minutes will be charged accordingly.*

Reaching Me Between sessions

Therapy can bring up powerful emotions. If this happens, I will teach you calming strategies to use before you leave. I am available for email or brief phone consultations with you and your doctor (with signed release). I do this as a courtesy, therefore there is no charge for brief phone consultations. Please confine phone calls and messages to between 8:30 am and 5 pm Monday through Friday unless you are experiencing a true emergency. If you cannot reach me in an emergency, please *call 911 or go to your nearest emergency room- or call Crises intervention 610-918-2100.*

Cell phone and email correspondence cannot be guaranteed as confidential. Please refer to the separate release if you wish to use cell phone or email.

Missed Appointments and Late Cancellations

I require 24-hours' notice for any cancellations. Please call me @ **484-947-6436** and **e-mail me at Marjorie@ascendconsulting.net.** You will be charged in full for no-shows and cancellations with less than 24 -hours' notice. Emergencies due to weather or illness are decided on a case-by-case basis.

When you cancel an appointment without 24- hour notice or do not arrive for your scheduled appointment, *three people are affected:* You, because you do not make the progress you could.

Another Client, who could have been scheduled during your unused hour. Me, the therapist, whose time is compromised. Please be responsible about writing down and remembering your appointment time. I have appointment cards in my office for your convenience.

Parking

Please park on the street. Please do not park anywhere near my mailbox: this blocks the bottom of my neighbor's driveway.

Fees

All fees are payable at the time of service by cash or check. Sessions paid in cash or by check are billed at a slightly reduced rate. If you prefer to pay on Pay Pal with a flexible spending debit or credit card, the full rate applies.



Marjorie R. Johnson, LCSW, PCC

610-696-4443

Marjorie@AscendConsulting.net

937 Pritchard Lane, West Chester, PA 19382

www.AscendConsulting.net

www.AscendCounselingPA.com

Receipts

I will not automatically issue receipts. If you require a receipt, *please request this at your first session. It is your responsibility to ask for your receipt after each session.*

Financial Responsibility/Insurance

I am out of network for all insurance plans and I do not participate directly with any insurance companies. Parents paying for children are responsible for keeping track of payments due on balances. It is your responsibility to know your insurance coverage (deductibles, co-pays, pre-certification requirements, claim form completion, and claim submission timeframes) and to follow up with your insurance company for reimbursement. *If you ask for a receipt, I will provide you with receipts with proper codes that you can forward to your insurance company.*

Good Faith Estimate of Treatment

Sessions are \$180. I give a \$5.00 discount for payment by check or cash. One session per week x 4 weeks is \$700 per month. 2 sessions per month is \$350 per month. If we meet twice every month (unlikely over a yr.) your total cost would be \$4,200.

Per PA law: Patients who receive a surprise medical bill for services provided on or after January 1, 2022, may contact the Insurance Department at www.insurance.pa.gov/NoSurprises, 877-881-6388, or TTY/TDD: 717-783-3898. with any questions or to file a complaint. Patients may also seek assistance from their health plan.

Confidentiality

Information shared with a therapist or other mental health practitioner is held in strict confidence and will not be revealed to anyone without your written authorization. I will never release or communicate any aspect of your treatment without your consent, except for specific situations dictated by law (child abuse, imminent threat of danger to yourself or others, court order). I do not communicate with insurance companies. Please refer to the HIPAA Privacy Policy for further detail on my legal duties and your rights regarding your Private Healthcare Information (PHI).

Termination

Clients may elect to discontinue treatment at any time and I may wish to stop treating you if I feel I don't offer the type of care you need or if you are not adhering to our agreed upon treatment, policies or procedures. Before any termination of care, I encourage you to discuss your decision with me, as I will with you. If treatment is terminated before completion, I will make every effort to provide you with an appropriate referral for continued treatment with a different provider.

My signature indicates that I have read and will comply with these office procedures.

Signature

Date