

Linda Sadoff, LCSW, JD
Client Service Agreement – For Clients NOT Using Insurance

Name of Client	
Client Date of Birth	
Client Mailing Address	
Telephone Numbers	Home Work Cell
Do you give me permission to leave a message with a person or answering machine or voice mail at these numbers?	Yes_____ No_____
	Special Requests

Policies and Agreements

Financial Responsibility

Payment for psychotherapy sessions is due at the beginning of each session. Payment for other services is due within 15 days of billing. The fee schedule is as follows:

Psychotherapy Sessions	
Initial Assessment	\$135
45-50 minute session	\$90
75 minute session	\$135
100 minute session	\$180
120 minute session	\$200
Administrative and Billing Fees, and Miscellaneous	
Fee is charged each time this office needs to make an extra contact beyond basic claim filing. (Ex: fee is imposed if client provides delayed, incomplete or inaccurate billing information which necessitates invoice, additional contact with insurance company/client, resubmission of claim, or if client fails to provide information regarding changes in insurance)	\$25
Fee for each additional invoice which needs to be submitted to client due to delay in payment	\$25
Legal Testimony (office to office)	\$200 per hour
Consultation, collateral communications, and other services	\$90 per hour
Late appointment cancellation (less than 48 hours prior to scheduled appt.)	\$90

Confidentiality

1. Confidentiality. All information regarding the therapeutic relationship will only be shared or released with a signed Release of Information, subject to the following exceptions. De-identified professional sharing of clinical information is a regular part of clinical supervision with other mental health professionals. This information is shared for professional development and quality improvement purposes only.

2. Exceptions to Confidentiality: Confidential information may be disclosed under certain circumstances:

- If there is an imminent risk of serious injury to the client or others (in order to maintain safety);
- Where judicial or law enforcement officials direct the clinician to disclose information;
- When required to provide an insurance company with information regarding diagnosis and nature of treatment, and for billing and collection services and purposes.
- As a mandatory reporter, clinicians are required to make a report to DHS where there is suspected abuse or neglect of a child or elderly person;
- In couples or family therapy, we will talk about how to manage other concerns about how to manage confidentiality within the family.
- Review the Notice of Privacy Practices, and review and sign the "Consent to Use and Disclose Your Health Information." This is the HIPAA information required by federal law.

Emergencies

Due to the nature of this clinician's practice, she may not be immediately available in the event of an emergency. In case of emergencies, please contact the Crisis Hotline, 1-888-568-1112, or your physician, or go to the nearest emergency room. You may contact me as well; however, I do not have 24 hour a day availability.

Timely Attendance

We will agree on session times; **changes or cancellations will be made within 48 hours of the scheduled session.** Reasonable efforts will be made in emergency situations. Full session fee may need to be charged if reasonable notice is not provided. In case I need to cancel appointments due to inclement weather, I will leave a message to that effect on my answering machine.

Follow up Questionnaire

Periodically, I may send a brief questionnaire to clients some time after the completion of therapy, asking about client satisfaction. We'll agree this is acceptable unless you let me know otherwise.

Voluntary Psychotherapy Services

I hereby voluntarily consent to treatment as provided by Linda Sadoff, LCSW. The nature and purpose has been explained to me. I acknowledge that no guarantees have been or will be made to me about the results of psychotherapy. I understand that I may ask questions about the nature of the psychotherapy, the qualifications of the clinician, and other approaches that may be available.

I understand that I can talk to the clinician about any concerns or complaints I have about my treatment. I have the right to terminate at any time and I will be responsible for any fees incurred up until that point in time. I will communicate my intent to terminate either in person, by phone, or in writing. The clinician typically recommends one final session for closure.

I also understand that if I feel psychotherapy with this clinician is not helpful to me, we can discuss this, and whenever appropriate and possible, referrals may be provided to other clinicians or services that might be helpful to me.