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Informed Consent and Administrative Policies

Welcome. The following information is meant to inform you about my policies and my understanding of our professional relationship. Therapy is a relationship that requires open communication. If you have any questions about these or any other aspects of your psychotherapy, please feel free to bring them up at any time.

Professional Background and Philosophy:

I am a Licensed Clinical Social Worker. I have a Master's degree in Social Work from the University of Georgia. I have been in private practice since 2003. I believe that all individuals have the capacity to thrive. It is a privilege to work with you in helping you do so. It is impossible to guarantee specific results regarding therapy. However, we will work together to achieve the best possible results for you. It is essential that you are actively involved in setting your goals.

Fee:

I do accept certain insurances, however, am considered an out-of-network provider for most. If I am not an in network provider, you will receive a receipt at the end of each session that you can submit to your insurance company for reimbursement. If I am an in-network provider with your insurance panel, it is important to verify your mental health benefits. I try to do this prior to the first session, but ask that you obtain an authorization from your insurance company and bring that with you to your first appointment. **Please note that benefit verification is not a guarantee of payment by your insurance company. There are occasions where benefits have been verified, but insurance companies may deny payment, and therefore you will be responsible for payment.**

If you are self-pay and/or you are using your out-of-network benefits, my regular fee is \$120 per fifty-minute psychotherapy session and \$135 per fifty-minute level of care evaluation. My fees are the same for individuals, couples and families. I do not charge for brief phone calls, but do charge for longer calls (15 minutes or more.) Fees for these calls are due at the next appointment and are as follows: 15 minutes = \$30.00, 20 minutes = \$45.00, 30 minutes = \$70.00. If you are late for your appointment, that amount of time is deducted from our session. Payment is due in full at the time of service, unless prior arrangements have been made. Fee Increase: You will be given 2 months advance notice if I increase my fees.

Cancellations:

If you cannot keep your appointment time, please give me at least 24 hours notice so that I can make the time available for others. If you cancel with less than 24 hours notice or you miss a scheduled appointment, you will be charged for that appointment. Cancellations for Monday appointments must be made by the Friday before to avoid being charged.

Please do not cancel appointments via e-mail. Voice messages are the most timely way of reaching me. E-mail cancellations may not be recognized as proper cancellations if I have not read them prior to 24 hours before the appointment. If I receive your cancellation via e-mail

within 24 hours of the scheduled appointment, you may be charged for your appointment.

If you are going to be more than 15 minutes late for your appointment, please let me know by calling **770-592-0566**. Please leave a message if you do not reach me directly. Otherwise, if you are more than 15 minutes late, I may assume you are not coming and may be unavailable. If this happens, you will still be charged for the missed appointment. Fees are not prorated if you are late.

Communication and Emergency Contact:

I am available by phone between therapy sessions; however, I do not provide unscheduled therapy via telephone. I will make every effort to return phone calls within a 24 hour period. However, occasionally there are unavoidable delays. **In the case of an emergency (unable to manage thoughts of harming yourself/others), please call 911 immediately.**

Phone calls lasting more than 15 minutes will result in a phone consultation fee, billed at the rate of \$120/hour.

E-mail: During the course of our therapy, you may feel free to send me an e-mail to inform me or tell me something that you want me to know. Please understand that I do not conduct therapy through e-mail and will not answer/return your e-mail. I will be happy to discuss what you sent during the following therapy session.

Confidentiality & Exceptions:

Confidentiality is an essential part of the therapeutic process and is a commitment that I make to you. Consistent also with the mental health laws of Georgia, I will not release any information about you without your written consent. There are specific exceptions to the commitment of confidentiality:

- **When I consult with other mental health professionals about our therapy. Specific identifying information is not necessary in that instance.**
- **When I feel as though you are a threat to your own or someone else's safety.**
- **When a minor child is endangered by abuse or neglect.**

In each of these instances, I will make every effort to speak with you before I speak with anyone else. If you are seeing another healthcare provider, it may at times be necessary to exchange information regarding your treatment. In those cases, you will be asked to complete an authorization to release information.

Please review the Notice of Privacy Practices provided to you as part of this new client information. It describes in more detail your rights with regard to Protected Health Information. By signing this Administrative Policies sheet, you are acknowledging your receipt of the Notice of Privacy Practices.

Client Signature:

Your signature indicates that you have received the Notice of Privacy Practices and have

reviewed and understand this document, have had all questions answered to your satisfaction, and agree to adhere to the policies. Please retain a copy for your records.

Client Signature
(or signature of parent if client is a minor)

Date