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Policies and Information for Patients

APPOINTMENTS: Sessions are 45 minutes long. Your appointment time is set aside exclusively for you. It belongs to you. If for any reason you can not be here, you will be financially responsible for that time. If you use insurance to pay for your therapy, you will be charged the full fee for a missed session - not the co-pay. A makeup session will be offered when available but is not therapist's responsibility. A makeup session must occur within one week of the cancelled session.

If you would like to change the frequency of sessions or discontinue appointments, please discuss this first with your therapist.

CRISIS CALLS: If you have a crisis and need to speak to me, please call my cell and leave a message and I will get back to you as soon as possible. There is a charge for phone calls longer than 15 minutes. In the event of a crisis that can not wait, please call 911 or go to the nearest psychiatric emergency room.

CONFIDENTIALITY: *Please note that when sending text messages or emails, I am NOT always able to maintain your confidentiality (i.e. if sent to the wrong number/address). For this reason, please choose to call me for any information you want to convey of a confidential or personal nature.* Information discussed in sessions is legally protected. However, there are situations in which the law requires a therapist to break that confidentiality. These are listed below:

- Suspected abuse or neglect of a child, elderly or disabled person,
- When you are believed to be in danger of harming yourself or another person,
- If the court orders information to be released,
- When using an insurance company to pay for treatment (i.e. filing a claim, audits, treatment updates),
- When payments are not made and a collection agency is required to obtain payment,
- In natural disasters whereby protected records may become exposed,
- Or when otherwise required by law. I hope these things do not occur. If they do, I will always try to speak with you about it first.

PAYMENTS: You will be billed at the start of the month and payment will be due the following week in the form of cash or check. If you write a check that bounces, you will be charged bank fees. If you pay by insurance and your insurance denies payment for any reason (e.g. deductible), you will be responsible for the denied fees. If you use a charge card, you will be charged a service fee. If your account is severely overdue, I will use a collection agency to obtain payment if necessary. If I am called into any legal proceeding as part of working with you, my fee is double your session fee per hour of preparation and participation.

Your signature below indicates that you understand and agree to abide by these terms.

Patient Name: _____

Guardian/Parent Name: (if applicable) _____

Signature of Patient or Guardian (where applicable): _____

Date: _____

Therapist/Witness: _____