

PATRICK BALDWIN, LCSW

NEW CLIENT INFORMATION

Welcome to our office. Many clients have questions when they first come to therapy. We are committed to providing you with the best possible care, and we are pleased to discuss any concerns you may have regarding general and financial issues. Your clear understanding of our policies is important to our professional relationship. Please ask if you have any questions.

CLIENT'S FINANCIAL RESPONSIBILITY

Clients are responsible for paying their co-payments and any deductible amounts at the time of service. We will file insurance claims for you and you will be billed for any remaining balance on your account, once insurance has paid. Please keep in mind that you are ultimately responsible for payment of services if insurance does not make payment. Insurance is a contract between you and your insurance company. If you do not have insurance, you will be responsible for the full office charge at the time of service. If you need to make payment arrangements for any balance, please contact our office. We will be happy to assist you. Please be advised that we assess a \$25.00 service charge on any returned checks.

MISSED APPOINTMENTS

Cancellations must be received at least 24 hours before your scheduled appointment; otherwise you will be charged an administrative fee of \$50.00 for the missed appointment. The reason for this is that when you make an appointment, you are reserving a specific time on a given day with me. As your therapist, I have agreed not to utilize that time slot for any other purpose. If you fail to keep your appointment and fail to give adequate notice, I am unable to schedule another use for that part of my workday.

CONFIDENTIALITY

A value is placed upon the confidential nature of the information that is shared during therapy sessions. However, there are some legal and ethical limitations to confidentiality of which you should be aware. If you threaten to harm yourself or someone else and we believe your threat to be serious, we are legally bound to take steps necessary to protect people from harm. If you have questions about confidentiality, please feel free to discuss them with us.

I HAVE READ THE ABOVE INFORMATION AND UNDERSTAND THAT I WILL BE CHARGED A \$50.00 ADMINISTRATIVE FEE FOR MISSED APPOINTMENTS IF I DO NOT CANCEL 24 HOURS IN ADVANCE.

Client Signature / Guardian Signature

Date