

Audrey Lewis, DHS, MSSW, LCSW, RYT
STATEMENT OF UNDERSTANDING

Treatment Plan: I give full consent for the completion of my evaluation and provision of treatment as necessary, by the above named therapist, until otherwise notified. I understand that no promises have been made to me as to the result of treatment or procedures provided by this therapist. If I have any questions about the following information or about anything related to my therapy, I will discuss this with the therapist.

Confidentiality:

You have the right to confidentiality in your therapy. Information concerning your therapy will not be disclosed without your prior written permission except for the following legal exceptions:

- Life or safety of you or someone else is seriously threatened.
- There is good reason to believe that you are abusing or neglecting a child or vulnerable adult or if you give me information about someone else who is doing this, child/adult protective services and/or the appropriate law enforcement agency must be notified.
- Court ordered treatment.
- An insurance benefit is filed and the claims payer requires information.
- Parents or legal guardians of minors are legally privy to information disclosed during treatment. The therapist will discuss and clarify issues of privileged information regarding the child's treatment.

Emergencies

Medical and/or psychiatric emergencies should be directed to 911 if life or safety is threatened.

Scheduling of Appointments:

Please conscientiously keep all scheduled appointments. If it is necessary to cancel, you must give at least 24 hours notice. Monday appointments must be canceled before noon on the preceding Friday. **You will be charged a fee for missed appointments or appointments canceled without 24 hours advanced notice.** Exceptions may be made for unforeseen emergencies on a per case basis.

Fees for Services

Individual Psychotherapy (50 min) = \$145

\$550 for 3 hr session; an additional session free of cost or no payment if client not satisfied with service rendered.

Telephone Consultation (15 min) = \$30

Written Reports = \$100 per hour

Missed appointment = full fee

Any legal work (billed in 15 min. increments) = \$175/hour (to include testimony, consulting, depositions, reports, etc.)

I UNDERSTAND AND AGREE TO THE ABOVE TERMS.

CLIENT SIGNATURE

DATE

PRINT NAME