

Susan Chamberlin, LMHC

28 Green St.
Newbury, MA 01951

Welcome to my office. I am pleased to have the opportunity to work with you. I hope this handout will provide you with helpful information about my services. If you have any questions or concerns, I would like to discuss them with you.

IN CASE OF EMERGENCY

In case of emergency, please attempt to contact me directly at my office. I check for messages frequently. If you do not reach me directly and are unable to wait for my return call, dial #911 or go directly to the emergency room of your local hospital. When I am on vacation, I will give you the name of a colleague covering my practice.

BILLING AND PAYMENT OF FEES

Payment is expected at the time of your appointment unless other arrangements have been discussed and agreed upon in advance. Your health insurance company may reimburse me for your psychotherapy. It is important that you fully familiarize yourself with your mental health benefits since you are responsible for any deductible, co-payment or balance applicable to your individual policy.

INDEPENDENT PRACTICE

I am the sole professional responsible for my treatment with you. No person or organization associated with 28 Green Street has clinical responsibility for my work with you. Likewise, I have no clinical responsibility of any other person or organization associated with 28 Green Street.

CLIENT RECORDS AND CONFIDENTIALITY

Clients are assured of confidentiality, which is protected by ethical practice and law. In general, the law states that all communication between a licensed practitioner and his/her client are confidential. Any information shared will require your signed consent except where disclosure is required by law. Some legal exceptions to maintaining confidentiality are:

- Disclose necessary data to obtain payment from your insurance company.
- Suspicion of abuse or neglect of a child or an elderly person.
- Circumstances in which, to the best of my professional judgment, I believe that you may be in danger to yourself or another.
- If your mental or emotional health became an issue in a court case.

My HIPPA Notice of Privacy Practices explains in detail how medical information about you may be used and disclosed

LATE CANCELLATION AND MISSED APPOINTMENT POLICY

I am an independently practicing psychotherapist. I see a fixed number of clients each week. Once you schedule an appointment with me, that time is reserved exclusively for you. In order to successfully operate my clinical practice, I need to be able to rely on these therapy appointments. Therefore, I have established the following policy for missed and cancelled appointments.

For any appointment that is missed or cancelled with less than the required 24-hour notice, no matter what the reason, clients will be charged the fee that I would have billed for that session. Also keep in mind that missed or late cancelled appointments are not covered by your health plan and cannot be billed to your insurance.

Individual Therapy	\$130
Couple or Family Therapy	\$140
Group Psychotherapy	\$50

I realize that on infrequent or rare occasions an event may occur in your life that requires the cancelling of your scheduled appointment with less than the required 24 hours. Such cancellations may be the result of a sudden illness in yourself or a family member, the breakdown of an automobile or an employer requiring you to stay late at the office. I will do my best to offer you a timely rescheduling of your appointment. Nevertheless, keep in mind that regardless of the understandable reason for cancellation, you will still be charged for the time we have reserved for you.

The only exception to this policy is for cancellation in severe weather. If the driving conditions are such that you do not feel safe driving to my office, please call me as soon as possible. If you call me and we confirm your cancellation due to inclement weather, the late cancellation fee will be waived. If you do not call, regardless of weather conditions, you will still be charged.

I have tried to make this information clear and understandable. Should you have any additional questions, please discuss them with me.

I have read the above information and have been informed of the policies and procedures.

Signature: _____ Date: _____