

# *Lyme Disease Counseling, LLC*

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## **POLICIES AND PROCEDURES**

Please read all documents thoroughly and complete them where necessary, so that you are prepared to discuss any questions with your therapist during your first session.

### **1. RELEASE OF INFORMATION FORM**

All information obtained/derived by the course of treatment is fully confidential; disclosures you share with your therapist are confidential unless you have SIGNED a consent form to release part or all of the information.

Therefore, to either release or obtain information from a specific individual agency, a Release of Information must be obtained. Exceptions to this guideline include instances when 1) the patient is a clear danger to (a) themselves or (b) others and, 2) instances when the patient is a minor (under the age of 18) and reports that he or she is or has been a victim of physical or sexual abuse, and 3) there is any suspected abuse to a child or adult. 4) An adult survivor of child abuse reports being abused as a child therapist needs to make sure it was reported. Please ask questions about this if you have any concerns to understand mandated reporting laws. Please sign and date all Release of Information documents.

In addition, cases are occasionally discussed by the clinic's professional staff to obtain feedback and provide alternative treatment plans and continuity of care. Names are not used. Your signature on this form will allow this process to proceed smoothly.

### **2. TELEPHONE CALLS**

If there is an emergency and your therapist is unable to be reached, call 911 or go immediately to your local Emergency room. Please give your therapist at least 24 hours to get back with you. Telephone sessions are available if needed for an additional charge.

### **3. LENGTH OF SESSION**

Length of sessions are 45 minutes to an hour unless you and your therapist have made other arrangements. Please ensure you arrive a few minutes in advance of the appointment time to ensure prompt time of appointment.

### **4. FEES AND PAYMENT**

Payment is due at the time of service. I accept cash, all major credit cards, and checks made payable to Lyme Disease Counseling, LLC. A \$30.00 service charge will be levied on all checks returned by a bank for insufficient funds. Our current fee per session is \$100 per hour, unless special agreement is made with therapist. Group rates vary, depending on group.. If any or all outstanding balances are not paid, Lyme Disease

Counseling, LLC/Brittany Goff, LGSW, reserves the right to release a client’s name and address to a collection agency. If these measures have to be taken a 25% fee will be added to outstanding fees owed. Therapist will make good faith efforts to get in touch with you and make arrangements prior to this point. Also, a monthly interest fee of 2% will be charged for these balances until they are paid in full. If you are having problems financially please talk to your therapist. We are happy to work out payment plans in times of hardship.

**5. INSURANCE**

Brittany Goff, LGSW is an out of network provider. Some insurance companies pay for out of network services. Client is responsible for entire charge of session, and if insurance accepts out of network benefits, insurance will reimburse client directly.

**6. CANCELLATIONS AND MISSED APPOINTMENTS**

A cancelled appointment delays our work. When you must cancel, please give us at least 24 hours’ notice. If you are unable to provide at least 24 hours’ notice when you cancel, you will be charged the full fee for your session. (You should note that insurance companies do not reimburse for missed appointments). The only time we will waive this fee is in the event of serious or contagious illness or emergency.

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We trust that your involvement within our Clinical System will be helpful and profitable to you. If you have any questions regarding these arrangements or other aspects of your relationship with us, please discuss them with your therapist.

This is to certify that I have read, understand, and agree to the terms stated in this document.

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Client/Parent Signature

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Date