

Ann Clarkson, MFT
Licensed Marriage Family Therapist
281 East H Street Benicia CA 94510
Voicemail & Fax: 707.746.7408

Policies and Procedures

In order that we save as much time as possible to discuss the matters that bring you here, please take a moment to review my basic policies and procedures. Feel free to discuss any questions you have with me at any time.

Confidentiality

I will at no time reveal any information concerning details of your treatment to anyone without your express written permission. All such information is considered confidential. The law does require, however, that I immediately report any suspected incidents of child abuse, elder abuse, serious threats against yourself or others. If you will be billing insurance a release of information form is required to allow me to communicate basic information about participation.

Financial Terms

By signing this form you are authorizing your insurance company to issue payment to me directly. You will be responsible for any deductibles, co-payments and/or any uncovered services. Please check with your insurance carrier to be sure you have obtained authorization, if needed, and to determine your benefits and co-payment amount, if any. If you are not eligible at the time services are rendered, you are responsible for payment in full. Should your account become delinquent, a collection agency may be employed and the cost for collection services will become your responsibility as well.

Canceled and Missed Appointments

If you must cancel an appointment, please allow at least 24 hours notification. This gives me the opportunity to schedule the time which was being held for you. Most often insurance companies will not pay for broken or missed appointment. **If there is less than 24 hour notice, then you will be charged a 'Late Cancellation' fee of \$50 per session.**

Appeals and Grievances

You have the right to request reconsideration in the case that outpatient care is not authorized by your Health Plan. The request for appeal can be made through your Health Plan. You risk nothing in exercising that right. To submit a complaint or grievance, you may contact the Customer Service Department of your Health Plan.

Consent for Treatment

By signing this form, you are requesting and authorizing Ann Clarkson, MFT to carry out psychotherapeutic treatment, assessment and diagnostic procedures which now or during the course of your care (or your child’s care) are advisable. Sessions are 50 minutes each. The purpose of these procedures will be explained to you upon your request and subject to your agreement. While the course of therapy is designed to be helpful, it may, at times, be difficult and uncomfortable. Therapy is often helpful in resolving specific concerns which led one to seek treatment. It can be helpful in improving relationships and in gaining a better understanding of one’s goals and values. When there is consistent involvement on the client’s part there is a greater likelihood of positive change. However, it is important to understand that no cures can be guaranteed.

Release of Information

By signing this form you authorize the release of information to your Health Plan for claims, certification/authorization, case management, quality improvement and other purposes related to the benefits of your Health Plan. Release of information to others requires separate forms.

Emergencies

While I do check my messages several times a day and return calls as quickly as possible, it may often be several hours before I am able to return your call. In the rare event of a psychiatric emergency which requires immediate evaluation of the need for hospital care, you should not wait for me to return your call. Rather, immediately call Solano County Mental Health Crisis at 707/428-1131. Alternately, you may wish to call your Health Plan and alert them that this is a mental health emergency. If there is danger to your safety, call the police at 911.

You will receive two copies of these policies. Please sign both copies. One copy will be placed in your file and one is for your records.

I understand and agree to all of the above information.

Date_____

Client

Client

Witness