

Kathryn J. Cann, MSW
Licensed Clinical Social Worker
#LCS 15144

Welcome! I hope you find our time together worthwhile. This outline of my policies should answer some initial questions you may have

1. Fees

The standard fee for each 55 minute session is \$133. I am contracted with several insurance/EAP companies and if yours is among them I am happy to bill your carrier as a service to you. You are responsible to determine what is covered however, and will be responsible for the bill if your insurance company denies payment. Please discuss any concerns you may have about fees with me at any time. Make your checks payable to "K. Cann, LCSW". Payment is expected at the beginning of each session unless prior arrangements have been made. It is helpful if you have your check written when you come into the session so that we can minimize use of your therapy time for business transactions.

2. Appointments

The 55 minutes that has been reserved is your time. If you don't use the time, the regular fee will be charged (or the rate contracted with your insurance carrier) unless you cancel the appointment 24 hours in advance. Insurance companies don't pay for broken appointments, late cancellations or appointments of less than 45 minutes in duration. If you choose to commit to a regular standing appointment time with me, you are encouraged to keep changes and cancellations to a minimum.

3. Confidentiality

By law you have the right to confidentiality and I, as therapist, am prohibited from revealing to any other person what you have said to me without your written permission. There are some circumstances in which your right to privacy by law must be set aside without your permission:

- a. If I determine that you are immediately dangerous to yourself or are gravely disabled, I have an ethical responsibility to intervene in order to see that you receive adequate care until you are better able to make safe decisions.
- b. If I have knowledge that you are suffering from any wound or injury inflicted by a deadly weapon or as a result of assaultive or abusive conduct, I, by law, must make a report to local law enforcement.
- c. If I believe, from the information you disclose, that you intend to perpetrate violence upon an identifiable victim(s), I, by law, must notify local authorities and the person(s) in danger.
- d. If you (or someone representing you) introduces your emotional condition into legal proceedings, your right to privileged communication is waived and I could be court ordered to testify or release information.
- e. I am legally required to breach confidentiality when I have knowledge or "reasonable suspicion" that child abuse/neglect or elder abuse has occurred. I also have an ethical responsibility to report abuse of dependent adults.

Further, when you request that your insurance be billed, they will require disclosure of information.

4. Office Details

My office is located within a suite directly above the European bakery that is in our complex. You may park near the bakery and walk up the adjacent stairs or park at the rear of the building if handicapped parking and/or elevator is needed. Restrooms are located in the breezeways and accessible by code. Current restroom codes are kept in the top drawer of the table just inside our waiting room.

Children who are old enough to be left unattended in the waiting room need to understand the expectation of reasonable quiet. Sounds of loud voices and rambunctious behaviors carry through out the office suite even though they may be alone in the waiting room.

5. Gold River Christian Counseling Associates (GRCCA)

GRCCA is an unincorporated association with members coming together for purposes of identification, advertising and sharing space. The licensed therapists of GRCCA each operate their counseling practice as sole proprietors. We are responsible for our own businesses and have no responsibility for the business activities or clinical practices of any other licensed therapist in the office suite.

6. Feedback

Psychotherapy is a growth process between the therapist and client. I need to hear about how the process is going for you. Questions about methods, comments or concerns are welcome and encouraged. Open and honest communication is a vital part of the therapeutic process.

Again, welcome and I hope your time with me will be helpful and rewarding!

I understand and agree to the above policies, and hereby consent to begin treatment services.

Signature: _____

Printed Name: _____ Date _____

Client Name (If different from above): _____