

## **OFFICE POLICIES OF MAXINE BURTON, L.C.S.W.**

The following information answers some important and frequently asked questions. If you have additional questions that are not covered here, please feel free to ask me about them. Please keep a copy of this policy for your own records.

### General Information

After a preliminary assessment of your concerns, we will work together to clarify the goals you would like to address in treatment. Occasionally, individuals may experience an increase in emotional discomfort or changes in personal relationships while working toward treatment goals. If you notice changes that concern you, please feel free to discuss this with me. If you are questioning the effectiveness of treatment, please advise me of this as I may suggest other treatment approaches and/or recommendations that may be beneficial to you. You always retain the right to request changes in treatment or to refuse treatment. I encourage you to discuss any questions, doubts or preferences regarding your treatment at any time.

### Confidentiality

The information that you have disclosed to me is confidential and will not be revealed to anyone without your permission except in the following circumstances:

1. Disclosure of intent to harm self or others.
2. Suspicion of child or elder abuse or neglect or abuse or neglect of disabled persons as required by law.
3. Release of clinical information to your insurance carrier(s) for quality assurance or payment of insurance claims. Information (not of a clinical nature) may also be released to a collection agency for payments significantly overdue (90 days or longer).
4. Records ordered/subpoenaed by the court.
5. A fax machine or secure internet connection may be used to send treatment plans, reports, or evaluation to your insurance company.
6. Both custodial and non-custodial biological parents have equal right of access to a minor's record.

### Cancellation of Appointments

A minimum of 48 hours notice of cancellation of appointments is requested to avoid being charged for the time that has been reserved for you (excluding weekends and holidays). 24-hour voice mail is available for this purpose. Missed and late-cancelled appointments are charged at full fee and are not covered by insurance companies.

Fees

The fee for the initial assessment is \$185.00 The fee for a 45-50 minute psychotherapy visit is \$135.00. The fee for a family session is \$150.00. Fees and co-payments are due at the time of service unless it has been agreed that your insurance carrier will be billed for services. If Ms. Burton is a contracted provider with your insurance company, charges may differ depending on the rates that are set by your insurance company.

Telephone calls and emergencies

If you need to reach me on an urgent basis, please leave a phone message and I will return your call as soon as possible. I check phone messages several times per day. If you are experiencing a psychiatric emergency, contact the following crisis number, depending on the county in which you live: Multnomah County, (503) 988-4888; Washington Co., (503) 291-0111; Clackamas Co., 655-8401; Yamhill County, (503) 1-800-560-5535), or call 911.

I have been given a copy of the HIPAA Notice of Privacy Practice and have had the opportunity of asking questions regarding these policies.

\_\_\_\_\_  
Signature of Client                      Date                      Signature of Witness                      Date

\_\_\_\_\_  
Signature of parent or guardian                      Date

**Note: if the client is age fourteen or older, he/she should sign this consent for treatment form.**