Mona Latimore, MSW, LICSW
THERAPY SERVICES
Phone: (703) 647-0095 **Email**: monalatimore@gmail.com **Web**: monalatimoretherapyservices.com

Client Privacy and Consent Agreement

The following is a description of my professional services and billing procedures. It is important that you understand these issues as we begin our work together. Please review this information carefully before signing at the end. Feel free to discuss these issues and other concerns you may have as the need arises.

Professional Services

I am a licensed clinical social worker and practice individual psychotherapy with adults.

Treatment

Goals of treatment are arrived at by mutual collaboration through exploring the issues you feel are most critical and important. Depending on your initial issues and symptoms, benefits of treatment include living to the best of your capacity and experiencing more emotional intimacy in relationships. You may experience an increased sense of well-being and confidence. With a more thorough understanding of yourself and your behaviors, you are likely to be able to make changes that enhance your relationships and find deeper satisfaction in them.

There are both benefits and side effects associated with psychotherapy. During the therapeutic process, you may experience intense and unwanted feelings, including sadness, anger, fear, guilt, or anxiety. It is important to remember that these feelings may be natural, normal, and part of the healing process. During our work together, I hope to discuss any of your assumptions and concerns regarding psychotherapy. As I only accept patients whom I believe I can help using my professional services, knowledge, and training, I expect to enter our relationship with optimism and hope.

Patient Rights

You have the right to ask questions about my philosophy of therapy and the procedures used. You have the right to end therapy at any time; however, you should recognize that a decision to end therapy can sometimes be the result of a misinterpretation, miscommunication, or the painfulness of the material being dealt with (or not being dealt with). Should you desire to seek another therapist, I can provide you with alternatives.

Appointments

I will usually schedule one 50-minute session per week, although some sessions may be more frequent or longer. The length of treatment depends on the goals we establish together. The schedule of sessions will be agreed upon during the first few appointments, and may be modified during the course of treatment. It is essential to keep scheduled appointments to receive maximum benefit from treatment.

Fees & Billing Policy

I charge a fee of $160 per session. Full payment is due at the time services are rendered. I am an in-network provider with Blue Cross Blue Shield and Cigna. It is the patients responsibility to confirm that sessions are covered by their insurance, please contact your insurance company to inquire about the extent and provisions of your policy.

If I am an 'out-of-network' provider with your insurance, I will provide you with a monthly statement containing all necessary information to file a claim for reimbursement.

In all cases, insurance or out-of-pocket, the patient is responsible for all payments to the therapist. Payment becomes past due sixty days after a statement has been issued. If an account is overdue and you have not made arrangements for payment with me, I may turn your account over for collection. All reasonable expenses, including collection agency or attorney's fees will be charged to the patient. The collection agency or attorney would be provided only with the dates, types of service, and charges (no clinical information will be revealed).

Cancellation Policy

I understand that unforeseen circumstances may cause you to reschedule or cancel an appointment. In the event that you need to cancel an appointment, please let me know as far in advance as possible, but at least 24 hours ahead, as this will allow adequate time for making schedule changes, including rescheduling other clients. You will be charged $80 for an appointment which is not cancelled 24 hours in advance. Please note that insurance companies do not reimburse you for missed appointments.

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Medication, Referral, and Hospitalization

If medication is indicated as part of your treatment, you and I will discuss various referral options. I will refer you to one of the psychiatric consultants with whom I work. If during the course of treatment a referral to specialist is necessary, I will collaborate with him/her to supplement or replace our therapeutic work as necessary. In certain circumstances a higher level of care may be required. If this should become necessary, you and I will discuss the need for a hospital stay or admission to a residential treatment program.

Privacy and Confidentiality

I am bound to hold in confidence all that is disclosed during your sessions with me, including the fact that you met with me. Legal exceptions to the general rule of confidentiality require me to release information without consent or authorization in the following situations:

1. When I have reason to believe that there is a clear and imminent threat to your physically harming yourself or another person. To protect you or the other person from harm, I am required by law to disclose information or take other actions to protect you or another person from physical harm. Protective actions may include contacting the police or seeking hospitalization for the patient.

2. When I have reason to believe that child abuse has occurred, the District of Columbia requires that it be reported to the Department of Social Services. Child abuse includes neglect of medical needs, abandonment, sexual exploitation, and physical or mental injuries that result in impaired functioning.

3. When a court issues a legitimate subpoena and the court determines that confidentiality is not privileged.

4. When you are seeking third party reimbursement for mental health services, the third party payer has the right to request information for determination of your eligibility for payment. Your signature on the claim gives consent for me to disclose dates of treatment, type of treatment, and the nature of the issues being treated, including a diagnosis and sometimes case notes.

Consultation

Consultation is a standard, ethical, and accepted part of high quality mental health practice. Because I intend to provide you with the highest quality of care, I may periodically consult with other experienced licensed mental health professionals regarding your treatment. During a consultation, I share limited information and avoid revealing the identity of my patient. The consultant is also bound to keep the information confidential.

I have read the policies stated above, and discussed my questions and concerns. I fully understand and agree to comply with these conditions.

_____
Printed Name

_____
Signature

_____
Date