

Tricia K. Buttkus, LCSW

Licensed Psychotherapist, LCS 15889

(714) 974-1621

Office Policies/Treatment Agreement

Fees:

The psychological practice of Tricia K. Buttkus, LCSW, is a solo practice, and is not associated with other practices in this suite. The fee for each 60-minute individual therapy session is \$150.00. Full payment for cash accounts required at end of each session unless other arrangements have been made in advance. Forms, Letters, Reports (prorated at 60 minutes) are \$150.00. Tricia K. Buttkus, LCSW, does not testify in child custody cases or 730 evaluations. (Please initial _____)

If Tricia K. Buttkus, LCSW is requested to be deposed or go to court to testify on your behalf for any other matters, you will be responsible for payment of her fee of \$300 per hour from the time I leave my office, to the time I return.

Co-pay for insured clients are required at the beginning of each session.

Insurance Billing:

We will gladly verify your insurance for you, and give you a super bill to submit for reimbursement or bill insurance programs once eligibility has been established. **It is your responsibility to make sure you have an authorization number from your insurance company prior to the first session.**

Payment options:

Payment is due at each visit unless other arrangements have been made.

You will be charged \$25.00 for a returned check. Financial arrangements must be made in advance, and please feel free to ask questions if any financial arrangement seems unclear or needs clarification.

Missed Appointments:

If you are unable to keep your appointment please give at least 24-hour advance notice so we may reschedule the appointment time for another client. **If you fail to**

cancel 24 hours in advance you will be charged for the session. Missed appointments are not covered by insurance.

No shows are a sign of low motivation for treatment.

Messages and Emergencies

When I am not in the office, or I am busy with a client, the phone is answered by my voicemail. I retrieve messages several times a day. Instructions for what to do in case of an emergency are included on my voicemail. Please speak clearly, and **always leave a phone number** so I can reach you as quickly as possible.

Confidentiality

A therapist is ethically and legally bound to keep in strictest confidence everything that is said between you and her. Without your consent, I cannot give out any information. If you wish information to be given or exchanged with schools, attorneys, physicians, insurance companies, etc., you must first give authorization in writing by signing the form titled Release of Information.

Exceptions of Confidentiality

Where the therapist has reasonable cause to believe that a patient is in such a mental or emotional condition as to be dangerous to himself or herself, another person or the property of another person.

Where the therapist suspects a client is in anyway involved in the abuse of a minor or an elderly person or has personal knowledge of such abuse.

Where client waived confidentiality pursuant to any legal proceeding.

Where the services of the psychotherapist are sought or obtained to enable or aid anyone to commit or plan to commit a crime or tort.

In These Cases, All Therapists Are Ethically and Legally Required To Break Confidentiality To Preserve The Safety of Those Involved.

Your signature below indicates that you have read this Agreement and agree to its terms. It also serves as an acknowledgement that you have received the HIPAA Notice Form described under Privacy Practices.

Client Signature

Date

Client Name (Print)