



TERRY A. RIFKIN L.C.S.W.

THERAPY FOR INDIVIDUALS, COUPLES & FAMILIES

Thank you for consulting with me. There are important policies that I would like to share

1. Appointment times have been reserved for you. If you have to cancel an appointment, please give me 24 hour notice. There will be a charge for a full session if appointments are cancelled less than 24 hours ahead of time. Payment will include both my co-payment and the amount that would have been paid to your insurance company. Insurance companies may not be billed for missed sessions. All sessions last 50 minutes.
2. A call may be placed to me 24 hours a day. My preferred phone number is (949) 495-5007. If it is an emergency, and cannot wait until the next business day, please call (949) 412-3475. I will return your call as soon as possible. In the rare instance that you have a life-threatening emergency, call 911 or go to your nearest emergency room for immediate assistance.
3. **ALL CO-PAYMENTS MUST BE PAID IN FULL AT THE TIME OF THE VISIT.**
4. I will submit your health insurance claims as a courtesy to you. There is no charge for this. Please note that your insurance policy is a contract between you and your insurance company. It is important that you understand its provisions. If your insurance company does not pay, you are financially responsible for your therapy sessions. If your check is returned for insufficient funds, you are responsible for payment in full for any bank fees.
5. **CONFIDENTIALITY:** All information between Therapist and Client is held strictly confidential unless: a) the Client authorizes release of information with a signature; b) the Therapist is ordered by a court to release information, c) a Client presents a physical danger to self or others; d) Child or elder abuse/neglect are suspected. In the latter two cases, I am required by law to inform potential victims and legal authorities, so that protective measures can be taken.
6. Telephone and Other Professional Consultations: Phone calls that are less than five minutes in length will not be charged. For those calls that exceed this will be charged at quarter-hour segments. For professional consultations with people with whom you have asked or allowed me to speak (physicians, attorneys, teachers, therapists, etc.) I charge in quarter-hour segments (for calls that are more than ten minutes). I also charge for time writing letters/reports about your case or reading extensive reports. I will notify you about these charges before beginning these activities. These are charges that insurance companies usually do not cover. If you become involved in legal proceedings that may require my participation, you will be expected to pay for my professional time even if I am called to testify by another party.

Consent for Treatment

The undersigned Client or responsible party hereby authorizes and requests Terry A. Rifkin, L.C.S.W. to provide:

___ Diagnostic Evaluation	Fee \$200
___ Short or Long-Term Psychotherapy	\$200
___ Other	_____

Signing this statement indicates that I understand and agree to the above policy statement and do consent for treatment.

Signature: _____ Date: _____