



Kesia Carter, LCSW

Disclosure Statement & Agreement for Services

Psychotherapist

I, Kesia Carter, am a Licensed Clinical Social Worker. Please feel free to ask any questions you may have to me about my education and experience.

Fees

The fee for a 50-minute session is agreed upon prior to the commencement of therapy. Payment is due at the time of service. I will provide each client with a superbill, a receipt for services, at the end of each month that can be submitted to your insurance company for possible reimbursement. If additional paperwork is required for insurance, legal proceedings or any other purpose, I do charge based on my hourly rate. If there is a check returned by the bank for insufficient funds, there will be a \$20 charge to cover all possible fees.

Confidentiality

All communications between client and therapist will be held in strict confidence unless you give written permission to release information about your treatment.

There are exceptions to confidentiality. Therapists are required by law to report instances of suspected child, or elder abuse, including sexual abuse. Therapists may be required to break confidentiality when they have determined that a person presents serious physical danger to him or her self or someone else.

Appointment Scheduling and Cancellation Policies

Sessions are typically scheduled at the same time on a weekly basis. I may recommend more or less therapy based on the nature and severity of your concerns. Regular attendance to therapy greatly contributes to a successful outcome. If you need to cancel an appointment, it is important that you do so at least 24 hours in advance. Cancellations made within 24 hours of the appointment will not be billed for the full amount of the session. Please note that insurance does not reimburse for missed sessions.

Therapist Availability / Emergencies

Telephone consultations between sessions are welcome, however are generally kept within about 10 minutes due to the fact that important issues may be reserved for regular therapy sessions.

You may leave a message at any time on my confidential voicemail. I will get back to you as soon as I am able within 24 hours.

In the event of a medical emergency or yours or another's health or safety is threatened, call 911.

Please feel free to ask any questions regarding the therapeutic process or my policies before you sign.

Your signature indicates that you have read this agreement and understand its contents.

Patient Signature

Date

I look forward to working with you.

