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Office Policies and Procedures

Please read this document carefully and let me know if you have any questions. These policies and procedures set the framework so that we can work together optimally.

FEES:

Individual therapy: \$240 (check or credit card) for 45-minute session

*Longer or shorter sessions are pro-rated (for example, a 60-minute session is \$300 and a 30-minute session is \$170)

Appointments:

For phone calls, I charge for all phone calls 15 minutes or longer, and again, the fee will be pro-rated. This may include phone calls made in efforts to collaborate regarding your care or your child's care. For example, if I speak with a school counselor or teacher. Please keep in mind that insurance does not reimburse for telephone calls.

Because your scheduled appointment time is reserved for you, you will be charged for a missed appointment unless you provide 24 hours' notification.

Payment:

Payment is due at the time of each visit. Payment may be made by check, credit card or cash. Statements will be provided at the end of each visit upon request, and these can be submitted to your insurance carrier for possible out-of-network reimbursement. You should be

aware that your contract with your health insurance company requires that I provide it with information relevant to the services that I provide to you if you submit claims. I DO NOT participate in any managed care or insurance agreements, including Medicare and cannot accept any checks written directly from insurance companies.

Confidentiality:

All information discussed during therapy is held confidential. However, by law, client information may be released if:

- You have signed an Authorization Form for Release of Clinical Record for specific individuals, schools, or agencies
- There is a court order for release of records
- You are perceived to be in danger to yourself or other
- You are suspected of abusing or neglecting children or vulnerable adults
- You report that you were physically or sexually abused when you were under the age of eighteen
- You threaten me, the therapist

When working with a child or teen there needs to be confidentiality in order for the therapy to be effective, and there are times when I cannot clinically disclose information obtained in the session with your child/teen as it will interfere with the treatment. With the exception of situations in which I am legally required to breach confidentiality, you agree that what is and what is not shared with parents of child/minor patients is subject to my professional judgment. Finally, anything that a parent or other collateral shares in a client's session becomes part of the client record and may be shared with anyone with whom I have consent to collaborate with (e.g., client's psychiatrist)

Emergencies:

In case of emergency, DO NOT wait to hear back from me. I recommend using one of the following options:

- For life-threatening situations, dial 911 or go to the nearest emergency room
- If you are suicidal and in need of immediate help dial 911 or 1-800-SUICIDE (1-800-784-2433)

-Call Montgomery County Crisis Line: 240-777-4000

Consent Agreement:

I have read the terms and conditions outlined in this document. I understand them, and agree to be bound by them.

Patient (or Parent/Guardian of a Minor)

Signature:_____

Printed Name:_____ Date:_____

Parent 2 Signature*:_____

Printed Name:_____ Date:_____

***Both parents must consent to treatment of a minor in cases where parents are in the process of separating, are separated, have joint, or sole legal custody**