

If you need any help understanding this or other information, please ask and I will be happy to work with you.

PAYMENT

Unless other arrangements are made, payment should be made in full prior to our first session. I will provide a receipt upon payment that you can submit to your insurance company for reimbursement (check your psychology/counseling section of your private insurance to determine if social work services are covered). Receipts can also be saved and submitted at tax time.

1 Health Management Session (Initial)

Initial Session 75-90 mins in person/phone/video. Includes thorough case assessment, establishment of goals, history. Written session report for your records (to be mailed), case summary, *recommendations*.
\$150

Additional research, letter writing, referrals, forms- billable at \$50/hr

1 Health Management Session (Follow Up)

60-75 mins in person/phone consultation. Based on individual's established needs/goals. Includes detailed session report for your records (to be mailed).
\$120

Additional research, letter writing, referrals, forms- billable at \$50/hr

Package- 3 Health Management Sessions

- Initial Session 75-90 mins in person/phone. Includes thorough case assessment, establishment of goals, history. Written session report (to be mailed), case summary, recommendations
 - 60 mins in person/phone consultation. Based on individual's established needs/goals. Includes detailed session report (to be mailed)
 - 60 mins in person/phone consultation. Based on individual's established needs/goals. Includes detailed session report (to be mailed)
 - Up to 2 hours of additional research, letter writing, referrals, forms.
- \$390

There is no tax on social work services.

PRIVACY

Your privacy is of the utmost importance. If specific information is needed to be shared with a 3rd party, I will ask for a signed authorization for release of information. This will only be done with your permission, and as necessary. You may withdraw consent at any time.

As a client, you are able to access your information by request. Each session is typically detailed in a report and mailed to you (or brought to our next session), which you are encouraged to keep in your own personal health records.

MY PHILOSOPHY

My philosophy is one of collaborative facilitation. This means that I work *with* the client (and other healthcare professionals as necessary) together to reach the best possible outcome.

When working with other healthcare professionals, care is taken to maintain a collaborative and non-confrontational relationship. Any mediation or advocacy serves to build a beneficial (ongoing) relationship between you and your healthcare provider. I do not offer legal services, or anything of an adversarial nature.

I do recognize the client as the expert in their health care needs, while considering the expertise of other trained professionals. I work with the client to define their strengths, and help them build their resources. A believer in self-determination, I encourage clients to deal with their health care providers directly if possible, and can help equip you with the tools to do so.

OTHER CONSIDERATIONS

Your well-being is my primary concern. Sometimes a client may have additional needs that can not be met by our sessions, and may benefit from further counseling from a professional who is specializing in that area. I may suggest that you seek help from an additional professional in that case, and can make that referral for you.

I can not offer emergency services. If you have an emergency, please go to the nearest emergency department or call 911.

I can not guarantee the outcome that the client has in mind, or may feel they deserve. I will do my best to work with a client, and keep him/her informed of any foreseen issues or limitations. If I am to professionally endorse a client for a service, I must be able to competently support that by an informed assessment. Remaining authentic, professional and ethical is very important to me,

If at any time you have any questions, please don't hesitate to ask. Thank you!

By signing, the client is stating that they have understood these mentioned points to the best of their ability.

Signature: _____ Date: _____
(client)