

Meagan Rae Segal, LCSW
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Informed Consent

This document is intended to inform the client of policies, state and federal laws and client rights. Please feel free to ask me any questions when you need clarification.

Sessions:

Therapy should be considered an investment in your future and long term wellbeing. That being said, for therapy to be most effective and for optimal results, it is recommended that you be seen consistently/weekly for therapy. Weekly sessions are usually 45-60 minutes. In addition, please be on time for your appointment. A late arrival will warrant not additional time passed the session's normal end time.

Cancellation Policy:

You are asked to kindly cancel your appointment 24 hours in advance unless unable to do so due to an emergency. Please realize that your appointment could have utilized for someone else and your cooperation is appreciated.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date

Confidentiality:

Information shared with the therapist during session is confidential and privileged to the counselor/client relationship. However there are some circumstances in which information cannot be kept confidential, including but not limited to: (a) the client is under 18 years old (b) clients insurance company (if billing insurance) requests diagnosis and dates of service to collect payment (c) the physical or sexual abuse of children is reported or suspected (d) client makes threat of suicide or homicide (e) the client signs a release of information (in accordance with HIPAA Notice of Privacy Practice) (f) the law requires the release of information. If you would like your treatment coordinated with another provider (i.e. a primary care physician or psychiatrist, please sign a release to allow information to be shared). Please note, it is the

client's choice to release information to other providers and the client reserved the right to decline such or rescind consent at any time.

Client's Signature (Client's Parent/Guardian if under 18)

Today's Date

Emergency/Crisis:

Please note: For issues that arise between sessions and or after normal business hours, it is best to wait to address these issues at your next session unless you believe that it is a crisis and cannot wait. In the event of an emergency or crisis please contact me and I will return your call as soon as possible. Please be advised there will be a fee for communication in between sessions. You can also schedule an emergency visit for the next available session time.

If client is in imminent danger, a danger to themselves/others, and/or requires emergency response or assistance, please contact 911 or go to your nearest emergency room

Client Signature (Client's Parent/Guardian if under 18)

Today's Date

Payments:

Fees are due in full at the time the service is rendered. I accept cash or checks for payment. Bank fees apply for returned checks and are the responsibility of the client.

Self Pay

\$125 for the initial 60 min intake session

\$100 for weekly 45-60 min individual sessions

Couples/Families are \$125 for weekly 45-60 min sessions

The fee for a phone call is \$1.50/per minute.

An emergency session is \$150 for 45-60 min

Insurance

Co Pays are due at the time services are rendered. It is the responsibility of the client to be knowledgeable about their benefits, deductible, etc.

The fee for a phone call is \$1.50/min, calls are not covered by your insurance.

If you are using **Out Of Network Benefits** payment is due at the time services are rendered and you will be provided a receipt to submit to your insurance company for reimbursement.

Clients are responsible for a **\$50 fee for a missed session** if not cancelled 24 hours in advance, with the exception of an emergency that prohibited the cancellation to be made.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date

Consent For Treatment:

I, _____, consent to receive services from Meagan Rae Segal, LCSW-R. I have read and understand the information included in these documents. I also understand that I have the right to ask for clarification of any of the information provided at anytime, and that therapy is voluntary, unless court ordered, and I have the right to terminate services at any time.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date
