

ALISHA WOODALL, LPC #62271



“FINDING THE FOUNDATION”

14275 Midway Rd.
Addison, Tx 75001

CONFIDENTIALITY & PRIVACY AGREEMENT

Please read the information below and initial that you have done so for each section. This information is for your benefit. If you have any questions about your privacy and rights to confidentiality, fees or emergency communication, please feel free to discuss your concerns with me directly.

CONFIDENTIALITY: All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law:

When Disclosure Is Required By Law: Reasonable suspicion of child, dependent or elder abuse or neglect; where a client presents a danger to self, to others, to property, or is gravely disabled or when client’s family members communicate to clinician that the client presents a danger to self or others. *Initial* _____

When Disclosure May Be Required: Disclosure may be required pursuant to a legal proceeding either initiated by or against you. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain your psychotherapy records. I will not release records to any outside party unless authorized to do so by you. *Initial* _____

Discussion of Treatment Plan: Within a reasonable period of time after the initiation of treatment, Alisha Woodall will discuss with you (client) her working understanding of the problem, treatment plan, therapeutic objectives and view of the possible outcomes of treatment. If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, Ms. Woodall’s expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. *Initial* _____

PAYMENTS & INSURANCE REIMBURSEMENT: Clients are expected to pay the standard fee of \$100.00 per 50 minute session at the end of each session; unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, etc. will be charged at the same rate, unless indicated and agreed upon otherwise. Please notify Alisha Woodall if any problems arise during the course of therapy regarding your ability to make timely payments. **Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies.**

Unless agreed upon differently, Alisha Woodall will provide you with a copy of your receipt on a monthly basis, which you can then submit to your insurance company for reimbursement if you so choose.

Initial _____

TELEPHONE & EMERGENCY PROCEDURES: If you need to contact Alisha Woodall between sessions, please leave a message @ 214-782-9031 and your call will be returned as soon as possible. Messages are checked periodically during daytime working hours 9am-6pm. You are welcome to leave messages before and after this time, however unless an emergency is specified, any calls made “after hours” will be returned the following business day. Please ensure that your message includes your full name and phone number, *do not assume that I have your information.* **NOTE: If you experience thoughts to harm yourself and/or others please contact 911 immediately.**

Initial _____

CANCELLATION: Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 48 hours (2 days) notice is required for re-scheduling or canceling an appointment. Unless we reach a different agreement, the fee charged for sessions missed without such notification is \$25. ***Keep in mind that most insurance companies do not reimburse for missed sessions.***

Initial _____

I have read and understand the above agreement.

Client name (print) _____ Date _____ Signature _____

Client name (print) _____ Date _____ Signature _____
