

Connie P. Edens, LCSW

Licensed Clinical Social Worker

Emmaus Family Counseling Center

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Information for New Clients

Welcome! You have taken an important step by deciding to come to therapy. I have developed this information and consent form to answer initial questions you may have and to inform you of my policies and procedures.

Initial Consultation

Research has shown that the relationship between the client and therapist is a key factor in making therapy successful. Another key factor is beginning with a thorough and accurate assessment. Therefore I like to meet with clients for an initial consultation which is usually completed in two sessions. I begin by reviewing the new client information form you have completed (or we can complete it together). I will seek to gain a full understanding of your current situation and your goals for therapy. I will gather history about you and your family.

By the end of the second session I will share with you my clinical assessment and recommendations for treatment. At this point, I will let you know whether I believe I can provide the treatment to help you reach your goals. If we decide our client-therapist relationship is a “good fit”, we will work together to outline a treatment plan to work toward mutually agreed on goals. If we decide not to work together, I will provide you with referrals to other qualified clinicians in order to help you get what you need.

Appointments and Cancellation Policy

Regular attendance is essential for successful therapy. Initial appointments will typically be 60 to 75 minutes long; subsequent therapy appointments will be 45 to 50 minutes in duration, once per week, although some sessions may be more or less frequent as needed. In some cases it may be helpful to meet for longer sessions. If this is the case, we will discuss and agree to this in advance.

I require **24 hours notice to cancel a session**. Except in the case of an unavoidable emergency or inclement weather, clients will be charged \$50 for cancellations provided within less than 24 hours. Due to the nature of my schedule, if you are late for a session your appointment will still need to end on time.

Fees

The fee for the initial consultation session with new clients is \$150.00 for a 75 minute session. Following the initial session, my hourly rate is \$125.00 for each 50-minute therapy session.

Payment

I require full payment at the time of service. I accept payment by check, cash, or credit card. Note that for credit card payments under \$100 there is a \$2 service charge. Checks are payable to “EFCC”. Returned checks are subject to a \$25.00 fee. At the end of each session, upon request I will provide you an invoice detailing the service provided, the total amount paid, and the diagnostic code. If you wish to use insurance and find that I am not an in-network provider, you may submit this invoice to your insurance provider for possible reimbursement.

If the billing arrangement outlined above is not feasible, I ask that you discuss this with me so we can discuss an agreeable arrangement or referrals to lower cost services.

Contact Outside of Scheduled Sessions

If you need to reach me between scheduled appointments, you can call me at 571-306-2334. Please note that I am often not immediately available by telephone. You may leave a message on my voice mail and your call will be returned as soon as possible, usually within one business day. For appointment scheduling and administrative matters only, you may send me an email at connie@efccva.com. Please note that information sent via email is not necessarily secure over the internet. Please do not use this for anything related to the content of your therapy.

Emergency Policy

If you have a mental health emergency, please proceed to your nearest emergency room or call 911. After you have done one of these two, please call me and leave me a message, so I may contact you or your family(as appropriate) and follow up as I am available, or on the next business day.

Professional Records

I am required to keep appropriate records of the psychotherapy services that I provide. Your records are maintained in a secure location. I keep records noting dates that you were here, your reasons for seeking therapy, goals and progress, your diagnosis, topics we discussed; your medical, social, and treatment history; records I receive from other providers (if applicable), and your billing/payment records. Please refer to the document titled **Notice of Privacy Practices** for details on how you can have access to these records.

Confidentiality

Confidentiality of client-specific information is maintained with the following exceptions: court order or subpoena, and imminent danger to self or others, including possible child abuse or neglect.

It is possible that we may run into each other out in the community. To protect your confidentiality, please note that while out in public I will only greet you if you greet me first. Because maintaining your confidentiality is so important to me, I do not accept friend or contact requests from current or former clients on any social networking site (e.g., Facebook, LinkedIn).

In order to provide you with the best care, I reserve the right to consult with professional colleagues regarding your treatment and/or evaluation. I do not share identifying information with anyone outside of Emmaus Family Counseling Center without your written permission. If requested, I will provide you with the name and contact information of a mental health professional who you can contact while I am away (e.g., out of town). This clinician may need access to your records and/or treatment information to assist you. As such, I reserve the right to provide this information to the mental health professional covering my practice in my absence.

Client Consent to Treatment

By signing below, I, _____ (*client's name*), hereby seek and consent to take part in psychotherapy services/treatment provided by Connie P. Edens, LCSW. I understand that no promises have been made as to the results of treatment. I understand the policies, procedures, fees, and payment arrangements described and agree to abide by them.

Signature of Client _____ Date: _____

Signature of Spouse _____ Date: _____
(if participating in sessions)

Therapist Signature _____ Date: _____
Connie P. Edens, LCSW