

**JAMES & BRICK ASSOCIATES, PA
OFFICE POLICIES**

Confidentiality: Anything you reveal in these sessions is confidential and cannot be released to another person without your consent. Exceptions to the rule of confidentiality occur when there is intent to harm yourself or another person, there is concern of child/elder abuse or neglect, or if you authorize a release of information with your signature.

Telephone & Emergency Procedures: If you need to contact me between sessions please leave a message on my office answering machine at #302-655-8101. Your call will be returned as soon as possible. I check my messages several times during the business day. If an emergency situation arises, indicate that clearly in your message. If, in an emergency, I can not be reached immediately – dial “911” or go to nearest emergency room.

Fees: You are expected to pay the standard fee at the end of each session by cash or check. Initial assessment visits are the longest and cost \$190. Regular 50 minute psychotherapy sessions are \$130. If you carry insurance you should remember that therapy is charged to the patient not the insurance company. I will provide you with a monthly receipt which you can then submit for reimbursement. It is your responsibility to verify the specifics of your coverage, be sure to ask about yearly deductibles and yearly maximums. Please make me aware if any problems arise during the course of treatment regarding your ability to make payments.

Cancelled/Missed Appointments: A scheduled appointment means that the time is reserved only for you. If an appointment is missed or cancelled with less than 48 hours notice you will be responsible for the payment in full. Generally, insurance companies do not reimburse for missed sessions.

*****Initial here _____ to indicate you have read and understand the cancellation policy.

I _____, understand and agree to all of the above information.

Client name(s) (print)

Date

Signature

Kenneth Brick, LCSW

Date

Signature

Julie James, LCSW