

Bradford Wolf, LCSW-C
www.bradwolfttherapy.com
1680 East Gude Drive, Suite #311
Rockville, MD 20850
(240) 753-0501
Bradford.LCSW@bradwolfttherapy.com

Services Agreement

Welcome to Brad Wolf Therapy! This document contains important information about my services and office policies.

Appointments and Cancellations

Please arrive on time for your scheduled appointment. If you arrive late, the session will end at the appointed time, and you are responsible for paying the full fee. If you need to cancel or reschedule, please notify me at least **24 hours** in advance so that I can offer the time to another client. Failure to cancel within **24 hours** may result in a charge of the full fee. Repeated cancellations may result in termination of all services and dismissal from Brad Wolf Therapy.

Waiting Room

Enter the building through the front door. When you arrive proceed up the stairs. Once at the top of the stairs, make an immediate right, and then another immediate right. You will see a waiting area with a set of chairs. Please have a seat, and I will come out at your appointment time.

Insurance

I believe in confidentiality, and that you, not your insurance company, should have input in what therapeutic services you should receive. As a result, I do not directly participate with insurance. I am a non-participating provider, as a result, I am out-of-network with insurance companies. I can provide you with a receipt at the end of each appointment with which you can file with your insurance company for a reimbursement. The amount of the reimbursement varies with each insurance company. Please contact your insurance company directly prior to beginning therapy to determine the amount of reimbursement you will receive.

Some questions that might help you when talking with your insurance company include: What are my out of network, mental health insurance benefits? What is the coverage amount per therapy session? What will be my out of pocket cost including copay, co-insurance, and deductible?

Fees and Payment

The fee is \$160 per 45 minutes for an individual therapy session. Full session payment fee is due at the time of service. A \$160 fee is applied to other professional services such as telephone conversations lasting longer than 10 minutes (You will be charged at the rate of \$35 per 10 minutes or any part thereof after initial 10 minutes), consultations with other professionals (when authorized by you), writing reports, and preparation of records and treatment summaries. If you become involved in legal proceedings that require my participation, you agree to pay for all of my professional time, including preparation and transportation. This agreement applies even if I am called to testify by another party.

Payment Options

I prefer payment to be made by check. Checks may be payable to: **Bradford Wolf, LCSW**. If a check is returned, dishonored, or unable to be processed, you will be charged the original amount of your session plus the bank's returned check fee. Cash and credit cards may be acceptable forms of payment. Payment options may be discussed prior to your appointment.

Repeated failure to pay for your session or repeated returned checks may result in termination of all services and dismissal from Brad Wolf Therapy.

Confidentiality

The law protects the privacy of all communications between a client and a therapist. I release information about your treatment to others only if you sign a written authorization form that meets certain legal requirements imposed by HIPAA. However, there are situations where I am legally obligated to take actions and in doing so I may have to reveal information about your treatment without your consent. These situations are:

- If I suspect or have been informed that child abuse or neglect has occurred, I will file a report with Child Protective Services and provide additional information as needed by the social services agency.
- If I suspect or have been informed that an elderly or incapacitated adult is abused, neglected, or exploited, I will file a report with Adult Protective Services and provide additional information as needed by the social services agency.
- If you threaten to harm yourself, I may be obligated to seek intervention such as hospitalization for you and to contact family members who can assist you and provide protection.

- If you communicate a specific threat of immediate serious physical harm to an identified victim, I am required to take protective action which may include notifying the potential victim, contacting the police, or seeking hospitalization for you.
- If you are involved in a court proceeding, mental health records can be subpoenaed by legal process. If you are involved, or foresee involvement in legal proceedings, you may wish to consult with your attorney to determine whether a court would be likely to order me to disclose information.

Communication and Mental Health Emergencies

The most expedient way to reach me is by phone or email. Email is not confidential and potentially violates HIPAA; therefore, use email only for scheduling issues or if you would like me to call you. I check my phone at least once a day; however, I will only be able to return calls on Mondays and weekends (when applicable). If you experience an emergency that involves suicide, homicide, or any other life-threatening situations, please call 911 or go to the nearest emergency room.

Consent (please initial):

_____ **I authorize Bradford Wolf, LCSW to provide me with verbal psychotherapy, counseling, and/or skill training services.**

_____ **I have read, understood, and agree to abide by the policies stated above.**

Client's Signature: _____ Date: _____

Client's Name: _____

Client's Date of Birth: _____