

## Statement of Understanding and Informed Consent

Ms. Dearing is a Licensed Clinical Social Worker and provides individual and family therapy to adults, adolescents, and children. Ms. Dearing is licensed in North Carolina and is a member of the National Association of Social Workers, North Carolina Society for Clinical Social Workers, and The National Association of Cognitive-Behavioral Therapists. Ms. Dearing received her Social Work education at the University of Kentucky; Bachelors degree in 1998 and Masters Degree in 1999. She received clinical supervision for two years in Kentucky and obtained North Carolina clinical licensure in 2003. Ms. Dearing primarily uses Cognitive Behavioral Therapy and works with a variety of challenges and problems, such as anxiety and mood disorders, obsessive compulsive disorder, attention deficit disorder (child and adult), body image issues, sexual abuse, and the emotional wounds of trauma.

Ms. Dearing charges \$150.00 for an initial evaluation; \$110.00 for individual sessions; and \$135.00 for family sessions. Ms. Dearing does provide billing assistance with insurance. Panels include *Aetna, Blue Cross/ Blue Shield, Health Choice, Health Care Savings, Carolina Access Medicaid for those under 21, Tricare, Medcost, and Medicare; others are pending.* Payment or co payment is expected at the conclusion of each session; however, other payment arrangements may be made upon request. Most insurance companies are goal based and provide a limited number of sessions per year. If it is later determined that additional sessions are warranted, Ms. Dearing will assist with the request to your insurance company and may renegotiate the financial agreement made on the initial visit.

If you need to schedule, cancel, or reschedule an appointment, you may call Ms. Dearing at 828-696-2222 and leave a confidential voice message. All cancellations require a 24 hour notice. There is a \$70.00 charge for appointments that are missed or canceled with less than 24 hours notice. This charge is not covered by insurance. During your course of psychotherapy with Ms. Dearing, should you experience an emotional crisis after office hours, on weekends, or holidays, you may call the office number at 828-696-2222 and leave a message. Your call will be returned within two hours. If you believe you are unable to wait on the return call, if you are at risk of harming yourself or someone else, go directly to the emergency room of the nearest hospital. On occasions when Ms. Dearing is out-of-town, prior arrangements with another therapist will be made for established clients in crisis situations. Contact information will be provided during office visit and also left on the office number voice message (696-2222).

Regarding missed appointments, it is office policy should a client miss a total of three appointments (not necessarily consecutive), Ms. Dearing will view this action as a violation of policy and may terminate the agreement for services. A referral to another therapist will be provided if the client desires to continue treatment.

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I have read and understand all of the above information, (including office policies regarding appointments, fees, and how we agree to work together) and agree to abide by my responsibilities. I have fully discussed with my therapist the various aspects of the psychotherapy contract, the nature and estimated extent of my treatment, fees and methods of payment. I have received these documents if requested. I understand that I may address any concerns with my therapist, the representative of my insurance company, or the Secretary of the Department of Health and Human Services. I may contact the licensing board which regulates my therapist's professional practice if I have any concerns about my treatment which I have shared with my therapist, but has not been addressed by her. I freely enter into treatment and may discontinue treatment at any time. My signature on this document indicates my authorization and consent to receive outpatient diagnostic and treatment services from Judy Dearing, LCSW.

If treatment is for a child: Therapy shall include child-centered play therapy and evaluation methods, including parenting skills. Family members and community service providers may be involved in the treatment process as indicated by the therapist, Judy Dearing, LCSW.

I do hereby authorize Judy Dearing, LCSW, to provide treatment and/or evaluation services:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Circumstances When Treatment May End Without Client Consent**

1. The managed care provider terminates service reimbursement, and the client is unable to pay for continued service.
2. The client requires expertise beyond Ms. Dearing's capability.
3. The client has achieved planned treatment goals and does not continue to make progress.
4. The client does not pay the service fee.
5. The client is noncompliant and uncooperative, including 3 missed appointments without adequate notice.
6. The client files an official complaint against Ms. Dearing or the practice.
7. The client threatens or injures Ms. Dearing, her family, or office support staff.
8. Ms. Dearing moves, retires, sells the practice, becomes ill, or incapacitated.

\*\* Ms. Dearing will provide referral information and upon the necessary release of information, will assist with the referral process.