Bren DiGruccio, LCSW
Office Policies/Informed Consent

I: Treatment: The majority of individuals benefit from the therapy process, but results vary dependent on the conditions being treated. It is possible that a client will not improve. There is potential for disruption in your life while in treatment, and therapy can be emotionally painful. Your initial evaluation will include an explanation of your clinical symptoms, treatment plan, and estimated length of treatment. You have the right to refuse to participate in therapy, but you may experience consequences resulting from this refusal. □

II. Ending therapy: Sometimes, for various reasons, clients are unable or unwilling to continue with therapy or wish to simply take a break before the agreed upon course of treatment is completed. I believe, that in most cases, it is therapeutically beneficial for clients to have a sense of closure with a person they may have spent weeks or months sharing their life story with, so I encourage you to keep me informed as to how you think your therapy is progressing and if you are unable to continue for some reason. Usually, I recommend a final session to discuss any outstanding issues, unfinished business, progress made, and recommendations for the future. Init. □

III: Confidentiality: Information discussed during therapy sessions is considered confidential and will not be revealed without written authorization except as permitted by law. In certain circumstances, therapists are required by law to report suspicions of child abuse, elder abuse, and dependent adult abuse. Further, disclosure may be necessary if a client presents as a danger to himself or others, or where the client is gravely disabled. Disclosure may also be pursuant to a legal proceeding. Init. □

IV: Payment for Services:

Clients are expected to pay for services at the time services are rendered. This office only files insurance claims for those clients with whose insurance companies we have contracts. You will be informed if this is the case with your insurance. All other clients are expected to file their own insurance claim forms. Clients are reminded that professional services are rendered to the client, not to the insurance company. The client is ultimately responsible for the payment of services rendered. Please inform the office immediately if your insurance changes, as failure to do so will result in charges billed directly to you. Init. □

My hourly fee is $125 for 50-60 minute individual, conjoint, or family sessions. In addition to weekly appointments, I charge this amount for other professional services you may need. I will break down the hourly cost if I work for periods less than one hour. Other services include report writing, telephone conversations lasting longer than 15 minutes, consulting with other professionals with your permission, preparation of records or treatment summaries, and the time spent performing another service you may request of me. Init. □

If you become involved in legal proceedings that require my participation, you will be expected to pay for all of my professional time, including preparation and transportation costs, even if I am called to testify by another party. Because of the difficulty of legal involvement, I charge $150 per hour for preparation, travel, and attendance at any legal proceeding or any time thereof. There is a $25 fee for returned checks. All fees are subject to change. Some services such as telephone consultations and narrative reports, are not typically covered by insurance companies and will be billed directly to the client. Init. □

Please be advised that I do not do custody evaluations. Init. □
V. Emergency procedures: To contact your therapist call (949) 292-0317 and follow instructions for voice mail messages. Messages are checked several times per day, and all phone calls are returned in a 48-hour period of time. In the case of a life-threatening emergency that requires immediate assistance, dial 911 or go to your nearest emergency room. 

VI: Appointments:

Scheduling Appointments: Appointments are set up on a weekly basis. Those desiring appointments on an every other week basis or monthly will not be given a set time, and will be worked into the ongoing weekly schedule.

Cancellation of appointments: A scheduled appointment is a reservation of time for the client. Therefore, a minimum of twenty-four (24) hours’ notice is required to cancel an appointment. Clients who fail to give twenty-four hours notice may be charged full fee for the appointment. This includes the co-pay, as well as the portion that is normally paid by the insurance company. The insurance company will not pay for missed appointments.

I hereby authorize Bren DiGruccio, LCSW to release any and all information regarding my psychological, drug or alcohol treatment to my insurance carrier and/or medical group for the purpose of claims administration and evaluation, utilization review and financial audit. I hereby assign Bren DiGruccio, LCSW all obtainable monies for services rendered. I understand that any money received from any responsible party over my indebtedness will be refunded to me when my bill is paid in full. I also understand that I am responsible for charges not covered by my insurance assignment. I further agree in the event of non-payment, to bear the cost of my indebtedness along with any cost of collection, and/or court cost and reasonable legal fees should this be required. I have read and understand these office policies.

________________________________________
Client’s Name

Date

________________________________________
Signature of client, parent, guardian, or legal representative