Barbara Gold, LCSW, LMFT

Please read the following information and feel free to ask if you have questions.

Fee and Cancellation Policy: Payment for Professional Services is due at the time of the scheduled appointment. I understand the fee to be $165.00 per 45-minute session and $220 for a 60-minute session. I understand that my I may have an annual deductible and/or yearly maximum benefit. If my insurance company or EAP refuses payment even though the session was certified and the claim was filed correctly, I agree that I will pay the amount due. ***I UNDERSTAND THAT MY APPOINTMENT TIME IS RESERVED FOR ME, AND ANY MISSED APPOINTMENTS WITHOUT 24 HOURS PRIOR NOTIFICATION, NO MATTER WHAT THE REASON, WILL RESULT IN MY BEING CHARGED IN FULL FOR THAT TIME (INSURANCE CANNOT BE BILLED WHEN SERVICES ARE NOT RENDERED).*** I hereby authorize Barbara Gold, LCSW, LMFT, to furnish information to my insurance carriers concerning my treatment. I understand that Barbara Gold is an "out of network provider." Should it be necessary for her to deal with my insurance company on my behalf, I will be charged at the above rates for her time.

I understand that if I fail to attend two consecutive sessions without 24 hours' notice, or if I consistently cancel appointments, this may result in termination of this therapist's services.

Request for Records: Should you request a copy of your records, or give permission to another to request a copy of your records, there will be a fee for a written summary of $50.00, due in advance. If your insurance company requests the information, you may be able to obtain reimbursement from them by submitting a receipt for service from this office.

Court Testimony: Should I be requested to engage in legal proceedings on a client's behalf, my fee is $220.00 per hour for each hour spent in preparation for testimony, $220.00 per hour in deposition and $165.00 per hour for travel time to and from court. My fee is $300.00 per hour for my time at the courthouse. Should I be called to testify, I require a minimum prepayment of two (2) hours of court time, or $600.00. If this prepayment exceeds the final total fee, the excess will be refunded.

Records and Confidentiality: All of our communications will become part of the clinical record that is accessible to you upon request. I will keep confidential anything you say to me, with the following exceptions:

1. when you authorize release of your records in writing,
2. when the possessory conservator of a child requests access to the child's records, or requests consultation with the therapist,
3. when a court of law subpoenas your record or a therapist's testimony,
4. when there is reasonable concern that harm may come to you or others (i.e., suicide, homicide, child or elder physical, and/or sexual abuse and neglect),
5. certain client information may be given (as required) to any entity responsible for the payment or collection of client fees,
6. information about your case may be shared within the professional supervision process (anonymity will be maintained).

Psychotherapy Emergencies: In the case of life threatening emergencies, I understand that my options are to call 911 or go to a hospital emergency room.

By your signature below, you are indicating that you have read and understand this document. I understand that by signing this document, I give Barbara Gold, LCSW, LMFT my consent for treatment and agree to all of the above policies.

Client_____ Date:

Insured/Parent/Guardian _____ Date: