

**Jessica D. Getson, LPC, DBTC**  
**555 Andorra Glen Court, Suite 2**  
**Lafayette Hill, PA 19444**  
**610-828-2801**

**INFORMED CONSENT**

Welcome to counseling. I look forward to working together to help you achieve personal healing. Please take the time to read this document, laying out important information you will need to know. Keep the document for your records.

**Confidentiality**

Communication between a client and counselor is privileged and protected by law. No content from our sessions will be discussed with anybody without your consent. There are exceptions when, by law, I am required to break confidentiality, which are as follows:

- If I believe that the client is in clear and imminent danger of physically harming or killing him/herself or somebody else
- If child abuse or dependent adult abuse is suspected
- If there is a court order for me to release information

When I work with adolescent clients, trust is critical. To build trust in the relationship, it is important for them to know that the information they share with me remains confidential. Unless I am concerned that the above listed reasons are present, I will not break confidentiality to the parent.

**Contacting Me**

Cell - 610-608-3210

You may also use this number to send text messages but be informed that texting is not considered a confidential means of communication.

Office - 610-828-2801

I check messages regularly and will return calls as soon as possible.

If you have an urgent situation and cannot wait for my return call, call 911 or go to the nearest emergency room.

Email - [jessica@jessicagetson.com](mailto:jessica@jessicagetson.com)

You may email me but be informed that email is not considered a confidential means of communication.

**Fees for Services**

Procedural Description (time)	Codes	Rates
Initial Assessment/Diagnostic Interview (60 min)	90791	\$200
Individual Psychotherapy (30 min)	90832	\$100
Individual Psychotherapy (45 min)	90834	\$150
Individual Psychotherapy (60 min)	90837	\$200
Family Therapy with patient (60 min)	90847	\$200
Family Therapy without patient (60 min)	90846	\$200
Paperwork/Telephone Time (10 min intervals)	-----	\$35

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### **Insurance Reimbursement**

I do not work directly with any insurance companies. I am, however, a licensed out-of-network provider. This means that you pay me directly for my services (fees listed in chart). I will provide monthly receipts for you to submit to your insurance carrier. It is up to you to contact your insurance company regarding potential reimbursement for your specific insurance plan. I will be happy to explain this process further with you and answer any questions you may have regarding insurance reimbursement.

### **Payments**

All payments are due in full at each session. I accept cash and checks.

### **Returned Checks**

If the bank returns your check unpaid you will be required to repay the amount from the check plus a processing charge of \$25.00. If this occurs two times you will be required to pay only in cash moving forward.

### **Cancellation Policy**

A 24-hour notification is required to cancel an appointment without incurring a charge. If this notice is not given, you will be assessed with the full fee for the missed session.

### **Unpaid Fees and Collections**

If your account is referred to an outside agency or attorney for collection of any unpaid fees, you will be responsible for my service fees plus any incurred collection costs, including all attorney fees and court costs. I may seek to recover an unpaid balance under applicable Pennsylvania Law. Additionally, I may deny subsequent counseling treatment if the account balance remains unpaid.

### **Finance Charges**

If your account remains unpaid after 90 days, you will be assessed with additional account charges at the rate of 1.5% per month (18% annually).

**\*\*Take this 2-page Informed Consent Form home with you. It is important that you have in writing these important reminders. When you complete the Client Intake Form, there is a place to sign, stating that you have read this Informed Consent document and agree with its content. If you have any questions regarding this document, please feel free to discuss them with me.**