

Jessica D. Getson, LPC, DBTC
Positive Therapy for Personal Healing

INFORMED CONSENT & CLIENT RESPONSIBILITIES

Welcome to counseling. I look forward to working together to help you achieve personal healing and growth. Please read this two-page document and retain it for your records. It will explain important logistical, clinical and legal information that you will need to know.

It is important that you understand all of the contents in this document and that you ask me about any questions you may have. There is a separate "Client Intake" form that will require your signature. Your signature on the "Client Intake" form signifies that you have fully read, understand and agree to comply with all of the contents in this "Informed Consent and Client Responsibilities" document.

Confidentiality: Communication between a client and counselor is privileged and protected by law. No content from our sessions will be discussed with anybody without a client's 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 themselves or somebody else
- If child abuse or dependent adult abuse is suspected
- If there is a court order for me to release information

When working with adolescent clients, a trusting relationship is critical. To build that trust, it is important for the client to know that the information they share with me remains confidential. Unless there is a justified reason, from the list above, to break confidentiality, I will not share information with parents or guardians regarding the content of our sessions.

Contacting Me: If you are in crisis and in need of immediate attention, dial 911 or go to your nearest emergency room. If you are not in crisis and need to reach me, you may call or text me on my **cell phone** at **610-608-3210** but be informed that texting is not a confidential means of communication. My **office phone** number is **610-828-2801**. I check messages regularly and will return calls as soon as possible. You may **email** me at **jessica@jessicagetson.com** but be informed that email is not a confidential means of communication.

Fees

Service/Procedure (time)	Code	Fee
Initial Assessment/Diagnostic Interview (60 min)	90791	\$230
Individual Psychotherapy (30 min)	90832	\$115
Individual Psychotherapy (45 min)	90834	\$175
Individual Psychotherapy (60 min)	90837	\$230
Family Therapy with patient (60 min)	90847	\$230
Family Therapy without patient (60 min)	90846	\$230
Paperwork/Telephone Time (10 min intervals)	-----	\$40

Jessica D. Getson, LPC, DBTC
Positive Therapy for Personal Healing

INFORMED CONSENT & CLIENT RESPONSIBILITIES

Insurance Reimbursement: I do not work directly with any insurance companies. I am considered a licensed out-of-network provider. This means that you pay me directly for my services (fees listed in chart above). I will provide you with monthly receipts that you can submit to your insurance company. You can contact your insurance company to find out what your “out of network” benefits are. I will be happy to discuss this process further with you and answer any questions you may have regarding the insurance reimbursement process.

Payment: Unless previously discussed and approved by me, all payments are due in full at the time of each session. Payment methods accepted are cash, checks and Venmo. I can be found on Venmo by my username @Jessica-Getson.

Credit Cards and Associated Fees: All clients are required to complete the “Credit Card Authorization” form, in the event that a final payment is required for a unpaid balance. While I do require that a valid credit card remain on file during our work together, it is not the preferred form for regular payment. If a client does wish to use a credit card for payment, there will be an additional fee of \$10 for each one-hour session that is added to the credit card to cover the fee I am charged by the credit card companies.

Returned Checks: If the bank returns your check unpaid, you are responsible to repay the amount of the check along with a processing fee of \$25. If this occurs twice you no longer be able to use a check as a form of payment. Cash or credit card will be required moving forward.

Cancelation Policy: A 24-hour notification is required to cancel any appointment without incurring a charge. If this notice is not given, you will be responsible to pay the full fee of the missed session.

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

Referral For Collection From Others: If your account is referred to an outside agency or attorney for collection, you will be responsible for total collection costs incurred, including all attorney fees and court costs. Recovering the unpaid balance is my right under applicable Pennsylvania law. If payments remain unpaid, I may deny subsequent counseling treatment.