

Jessica D. Getson, LPC, DBTC

Positive Therapy for Personal Healing

INFORMED CONSENT & CLIENT RESPONSIBILITIES

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

It is important that you understand all the contents of 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 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 clinical information with parents or guardians regarding the content of our sessions.

My Contact Information

If you are in crisis or need immediate help, dial 911 or go to your nearest emergency room.

For non-emergencies, you may text or call me on my **cell phone at 610-608-3210**; be informed that texting is not a confidential means of communication.

My **office phone** number is **610-828-2801**.

You may **email** me at **jessica@jessicagetson.com**; be informed that email is not a confidential means of communication.

Fees

Regarding the services and fees listed below, all sessions that are scheduled during my regular work hours are full sessions and last between 53 and 60 minutes. I do not schedule 30- and 45-minute sessions during my regular office hours. Those shorter sessions only apply to additional time used (if both of our schedules allow and you request to continue) or if you need support outside of typical working hours. For impromptu support needed that you request outside of working hours, I charge for whatever time is used. They are typically done via phone call. My fees are associated with time, not format. Sessions in person, by video and by phone all carry the same fee structure.

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Service Description (time allotted for session)	Procedure Code	Fee
Initial Assessment/Diagnostic Interview (up to 60 min)	90791	\$300
Individual Psychotherapy (up to 30 min)	90832	\$125
Individual Psychotherapy (up to 45 min)	90834	\$190
Individual Psychotherapy (up to 60 min)	90837	\$250
Family Therapy with patient (up to 60 min)	90847	\$250
Family Therapy without patient (up to 60 min)	90846	\$250
Professional Collaboration / Paperwork/Forms/Letters (10 min intervals)	*There is no out of network reimbursement for this work	\$40

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 paid invoices 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 Policy, Accepted Forms of Payment and Associated Credit Card Fees

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, Venmo and credit cards.

Regardless of how you choose to pay for sessions, all clients are required to complete the "Credit Card Authorization" form (found on my website) in the event a final payment is required for an unpaid balance. My credit card reader does not accept credit cards that are associated with flexible spending accounts or health spending accounts. You will need to provide a credit card not associated with those programs.

If a client does wish to use a credit card for payment, there will be an additional fee of \$10 for each session that is added to the credit card to cover the processing fee I am charged by the credit card companies. My preference is to use Venmo to help clients avoid this extra cost, though I am happy to charge the credit card if that is your preference.

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My Venmo username is @Jessica-Getson. If you plan to pay with Venmo, prior to your first session please send me a “Venmo friend request” that I will accept. This will make payments to me and requests for payment from me easier. My Venmo transactions are automatically marked as private. In addition, nobody can view my “friends list” on Venmo so your identity, our connection and all our transactions will maintain private and confidential.

Returned Checks

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

Cancellation and “No Show” Policy

The scheduling of a session involves the reservation of a specific time set aside especially for you. A minimum of 48 hours is required for the rescheduling or cancellation of any session. If a session is cancelled with notice less than 48 hours, you will be responsible to pay the full fee for that session. I offer in person sessions and virtual sessions, both by video and telephone. I can seamlessly transition between any of these options with no advanced notice as all my sessions, regardless of format, occur from my office. This is a helpful reminder for you because if your reason for late cancelling or rescheduling is due to illness, time constraints, travel, etc., you can simply notify me that you will be changing the format from in person to telephone or video session. This can help to eliminate being charged for late cancellations.

If you do not show up for a session, you will be charged for the full session fee. I will make attempts during that session time to contact you in the hopes that you are able to use whatever part of the session you can. Regardless of what part of the session you attend, if any, you will still be responsible for the full session fee.

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.