

# Jessica D. Getson, LPC, C-DBT

*Positive Therapy for Personal Healing*

## **INFORMED CONSENT & CLIENT RESPONSIBILITIES**

**Please read this four-page document very carefully 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 before signing. Your signature at the bottom of this form signifies that you have fully read, understand and agree to comply with all of the contents in this 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.

My office phone number is 610-828-2801. My cell phone is 610-608-3210. Clients are allowed to call and text me on my cell phone. Be informed that texting is not a confidential means of communication.

You may email me at [jessica@jessicagetson.com](mailto: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, explained below.

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<b>Service Description and length of session</b>	<b>CPT Code</b>	<b>Fee</b>
Initial Assessment/Diagnostic Interview (up to 60 min)	90791	\$350
Individual Psychotherapy (up to 60 min)	90837	\$280
Individual Psychotherapy (up to 45 min)	90834	\$210
Individual Psychotherapy (up to 30 min)	90832	\$140
Family Therapy with client (up to 60 min)	90847	\$280
Family Therapy without client (up to 60 min)	90846	\$280
Professional Collaboration / Paperwork/Forms/Letters (10 min intervals)	*There is no reimbursement for this work	\$50

### **No Insurance Accepted and How to Get Insurance Reimbursement**

I do not accept insurance. By not accepting insurance, I am able to offer you more personalized and flexible care without the limitations that insurance providers may impose. This allows us to focus solely on your reason for seeking therapy, with no need for pre-authorization or restrictions on the type and frequency of treatment. It also ensures greater confidentiality, as I do not have to share your information with insurance companies. Additionally, you have more control over the process and can choose the approach that best suits you, without having to worry about insurance protocols.

As an out-of-network provider, clients are required to pay for sessions at the time of service. The good news is that you may be eligible for reimbursement from your insurance company. I will provide you with a superbill that you can submit to your insurance company for out-of-network reimbursement. A superbill is a document that includes all necessary information required by insurance companies to process reimbursement for the services provided.

To determine your eligibility for reimbursement, I recommend contacting your insurance provider. Here are a few questions you can ask to get the information you need:

1. "Do I have out-of-network mental health benefits?"
2. "What is my deductible for out-of-network services?"
3. "Once my deductible is met, what percentage or dollar amount of the session fee will be reimbursed?"

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## **INFORMED CONSENT & CLIENT RESPONSIBILITIES**

### **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 Credit Cards (read below about associated fees to run cards), Venmo, Checks and Cash.

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.

Regardless of how you choose to pay for sessions, all clients are required to complete the "Credit Card Authorization" Form 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 \$15 for and evaluation session and an additional \$10 for each 30, 45 and 60 minute session. This is added to the credit card to cover the processing fee I am charged by the credit card companies. I am not earning any additional money from that added fee. 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.

### **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 24 hours is required for the rescheduling or cancellation of any session. If a session is cancelled without a 24 hour notice, 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.

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**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 and a check is bounced, 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.

**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.

**By signing below, you are acknowledging that you have fully read, understand and agree to comply with all the contents in this document.**

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Client or Responsible Party Signature (type name if submitting electronically)

Date