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Welcome, I am pleased that you have chosen to take this step. Please take a few minutes to review this information.

CONFIDENTIALITY: All clients sign and agree to confidentiality/HIPAA guidelines that are available for your review indicating that I follow national standards to protect the privacy of your personal information. Your signature below permits me to share information with your insurance company if you are using their benefits. All other information is kept private and confidential unless you provide written authorization to share it. The **exceptions** to this include:

threat of imminent and serious harm to self or others, abuse of a minor, elder or disabled adult, a court order, or in the event of a medical circumstance requiring immediate medical attention.

The initial assessment is typically 60 min. Regular sessions are 45 min.

A few business matters:

FEES: I accept cash or check, (preferred) or VISA or Master Card at the beginning of the session. There is a form for credit card use that all clients complete even if they intend to usually use cash or a check.

If you are using your EAP benefit there is no charge for the duration of the EAP sessions, typically 3-5. I will follow the guidelines associated with your EAP regarding use of sessions and referrals.

Please note if you use insurance I'm required to provide a mental health diagnosis and the insurance co. can require additional personal info that may become part of your permanent medical record.

If you choose to use insurance with me as an **out of network provider**, such as with a **POS** plan, **it's your responsibility** to check your plan to determine if there is a deductible and what percentage of the fee may be covered. I'll provide a superbill /receipt on the last session of each month for all sessions that occurred that month so you can submit it for any reimbursement from your plan.

If you're using your insurance and I am an **in-network provider** for your plan I'm required to collect the co-pay at the time of service and will bill the insurer for the remainder.

If you are **self pay or choose to submit my receipts for reimbursement as an OON provider** you pay me at the time of your visit. The fee is 135. per session for individuals and 140. per session for couples therapy . The initial assessment is 155. I also offer 90 min couples sessions for those who choose to meet for longer sessions, typically every other week or monthly. The fee is 210. If this is a hardship for you please discuss this with me since I have a number of slots with a reduced/sliding scale fee .

If you wish to use a **HSA (Health Savings Account)** account, I'll provide you with a receipt that you can submit. Some companies offer special checks you can use for this purpose. This type of receipt does **not** require a diagnosis.

Name of insurance and member ID number on card. Provide even if you are not using insurance:

Group number: _____

Insurer phone number on card: _____

Co-pay: _____ Deductible? _____ Has it been met? _____

Name of employer or school your insurance is under: _____

Is it under another person's name such as a parent, spouse partner? (they would be the subscriber) If so, please provide **their name, address, AND DOB:**

the subscriber's insurance number which may be one digit different than yours:

If you need to reschedule, please call me as soon as possible. Since I hold a spot for you making it unavailable to another client, if less than 24 hrs. is provided or you do not show for a scheduled appointment, you will be charged \$70.00 (half session) for the session that was missed. Most therapists in our area charge their full fee so I feel this is fair. All reschedules or cancellations need to be done through confirmed communication so sending an email is not acceptable.

Emergencies: Please call my cell number: **215-802-6521**. If you cannot wait for my return call or it is an emergency please call 911 or go to your nearest Emergency Room.

Please complete this info and sign below indicating that you agree to these procedures and that all questions regarding this have been answered.

Client name : _____

Date of Birth: _____

Social Security# : _____

Contact name and number I can reach in an emergency and relationship to you:

Signature/date: _____
