# **Yvonne Venger**, LCSW Wellbeing Within Therapy San Diego

#### Welcome

I am happy that you have chosen my practice for therapeutic treatment. I will do everything within my professional capacity to make the treatment as productive as possible. Toward that end, the treatment process and goals will be discussed at the first appointment. Your participation and understanding of the treatment goals are essential for the best benefit of therapy. Please do not hesitate to ask me any questions you may have. Below are explanations and information about my policies and expectations you can have concerning therapy.

#### **Confidentiality and Authorization to Release Information**

My records of your treatment and everything you tell me will be kept in strict confidentiality unless you give me written permission to share that information with someone else. There are times, however, when I am mandated or permitted by law to release information:

- 1. It is agreed upon in writing and complies with State Laws.
- 2. The patient presents an imminent danger to self.
- 3. The patient presents an imminent danger to others.
- 4. Child abuse/neglect is suspected.
- 5. Elder abuse/neglect is suspected.
- 6. As necessary for continuity of care.

7. If a judge determines that our discussions are not confidential, a judge may request specific information.

8. As requested by a court appointed attorney for a child involved in court proceedings It is understood that I am required by law to inform potential victims and legal authorities so that protective measures can be taken. If you participate in group counseling, you agree not to discuss or disclose any details of the group outside of the counseling sessions.

## Financial Terms

I understand that I am responsible for any payments at the time of service. I will pay cash, check or credit card at each visit. I will bill my insurance company directly for reimbursement. I understand that if I am not eligible at the time services are rendered, I am responsible for payment, even if the determination is made after services are rendered. I understand there is a \$20 charge for a bounced check.

## Appeals and Grievances

If you believe that I have violated your privacy rights, you have the right to file a complaint in writing with me or with the Secretary of Health and Human Resources at 200 Independence Avenue, S.W., Washington, D.C. 20201 or by calling (202) 619-0257. I will not retaliate against you for filing a complaint.

# **Emergency Procedures**

In case of emergency, go to your nearest emergency room or dial 911. I will try to be available in times of crises but, as this is not possible at all times, it will be necessary for you to have other resources available to you for support. When I am unavailable, you can call the county "crisis team" at 1-800-479-3339

# Cancelled/Missed Appointments

Your appointment is time that I have specifically set aside for you. Unless it is an emergency, missed appointments and late cancellations will be charged \$50.

By signing the **Consent Forms** (found under a different icon), you agree to all the above terms and conditions.