

ADELE NATTER, LICSW, LCSW-C

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INFORMED CONSENT FOR TREATMENT

I am a Licensed Independent Clinical Social Worker (LICSW) in DC (LC50077831) and in Maryland (01895). Since people beginning counseling usually have a lot on their minds and may not remember details about my office arrangements, I am providing my policies in writing. Please be sure you have read, understood, and discussed all questions with me about this informed consent, to be sure we have agreement on all items and can get started.

1. **Fees:** The fee for services is: \$155 for the standard 45-minute individual psychotherapy session; \$175 for a 60-min. extended session. Initial intake appointments (90-110 minutes) are \$200. Cost of living increases may occur on an annual basis. Telephone calls may be charged at approximately the same rate as personal consultation.

2. **Cancellations:** When you schedule an appointment, the time is reserved especially for you. If you do not come for your appointment, or cancel in less than 48 hours, you will be charged the regular session fee.

3. **Payment** for professional services is expected at the time of each session. Checks can be made out to Adele Natter and given to me at the beginning of the session. I also accept payment by credit card. If you would like to do so, you may fill out your information below to have sessions charged to your account:

- MasterCard VISA Name on card: _____
- Expiration Date: ____/____ CVV code: _____
- Account Number: _____ Billing Zip Code: _____

4. **Availability:** Services are by appointment during regular office hours. Dates of vacations and other exceptions will be given out as far in advance as possible. On-call or after-hours services are not provided. For urgent or after-hours care, call 911 or go to your nearest emergency room.

5. **Termination:** You may stop therapy at any time, for any reason. However, an orderly end of therapy and a final closure session has proved very important for clients to help acknowledge and summarize what you have accomplished and discuss any unfinished concerns you may have. I suggest that you discuss openly with me your wish to end therapy at least three sessions prior to your last session.

6. **Notice of Privacy Practices (HIPAA):** Signing this document means you are aware an electronic copy of the NPP may be viewed on the website, adelenatter.com, which details how medical records may be used and disclosed. If you cannot access the NPP on the website, I will provide you with a hard copy.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.

Client Signature _____

Date _____

Therapist Signature _____

Date _____

