

REBECCA STANWYCK, LCSW, BCD

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License #LCS12569

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Pleasanton, CA 94588

CLINICAL PRACTICE POLICIES

Psychotherapy Fees

My standard session fee is \$150. (This includes 45-50 minutes of meeting together and time for record-keeping after each session.) I offer fee reductions for students, seniors and the unemployed, as well as for those in lower income/tax brackets for whom \$150 would pose a hardship. If you think you qualify for a reduced fee, please let me know.

Payment of Services

All fees and co-payments are due at the beginning of each session, unless other arrangements have been made, and are payable to Rebecca Stanwyck. Please notify me if any problem arises during the course of your consultation or therapy regarding your ability to make timely payments.

Insurance Reimbursement

I am a provider on a few EAP and health insurance panels, however I accept a limited number of these referrals due to the low reimbursement rates. If I'm "in network", I will bill your insurance, and you are responsible only for co-pays and deductibles. If you have a plan with out-of-network benefits, I can submit a claim on your behalf, but you will need to pay me and await reimbursement from the plan. Clients using their insurance should be aware that my clinical services are rendered and charged to the client, not the insurance company. You remain responsible for all charges, and acknowledge permission for all reasonable means, up to and including a collection agency, to be utilized to obtain reimbursement.

Cancellations and Missed Appointments

Because the scheduling of an appointment with me involves the reservation of an hour specifically for you, a **minimum of 24 hours' notice** is requested for the cancellation of an appointment. This courtesy may allow me to schedule another appointment during that hour. Last-minute cancellations or missed appointments will be charged to you at: \$30 for the first time, \$60 for the second time, and your full fee for any after that.

Confidentiality

All information disclosed to me during the course of your consultation or therapy will be held in the strictest confidence, and will not be revealed to anyone without your written permission, except where disclosure is required by law, i.e. 1) where there is a serious threat of harm to others; 2) where self-injury is likely unless protective measures are taken; 3) where there is reason to believe that a child or vulnerable adult has been subject to neglect or abuse; or 4) in response to a judicial order.

If your health insurance company or EAP is paying any part of your fee, they will usually require that certain information is reported, including your symptoms, diagnosis, and treatment plan. By agreeing to third party payment you also consent to such disclosure, however, if you have concerns about what information will be reported please let me know.

My Commitment to You

Counseling or psychotherapy involves a considerable commitment of time, energy and money. I do not offer a "money-back guarantee", but if at any time you feel that you are unable to afford my fee, or that my services are no longer of value, I encourage you to inform me so that we can discuss what's going on and agree upon a satisfactory solution. This may include referral to another therapist or clinic that may better suit your clinical needs or your financial situation. Other options include reducing the frequency of our sessions, or taking a break from therapy for awhile. I'll do what I can to help!

I have read and understood these policies and have been given a copy of this document for my own records.

Client signature _____ **Date** _____