

**Victoria L. Woods, LCSW, LLC**  
**777 East Missouri Avenue, Suite 120**  
**Phoenix, AZ 85014**  
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**victoria@azwoods.com**

## **OFFICE POLICIES AND GENERAL INFORMATION AGREEMENT FOR PSYCHOTHERAPY SERVICES**

### **Confidentiality**

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your (client's) written permission, except where disclosure is required by law. Most of the provisions explaining when the law requires disclosure were described to you in the notice of privacy practices that you received with this form.

### **When disclosure is required by law**

Some of the circumstances where disclosure is required by the law are: where there is a reasonable suspicion of child, dependent, or elder abuse or neglect; and where a client presents a danger to self, to others, to property, or is gravely disabled (for more details see also notice of privacy practices form).

### **When disclosure may be required**

Disclosure may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by insert name of psychotherapist. In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or among family members. Ms. Woods will use clinical judgment when revealing such information. Ms. Woods will not release records to any outside party unless so authorized to do so by **all** adult family members who were part of the treatment.

### **Emergencies**

Calls are answered at the end of the day on business days and are checked periodically on evenings and weekends. If your call is urgent please indicate so when you leave a message and every attempt will be made to call you as soon as possible. If you need immediate attention contact the Banner help line at (602) 254-4357 or call 911.

If there is an emergency during our work together, or in the future after termination, where Victoria L. Woods, LCSW becomes concerned about your personal safety, the possibility of you injuring someone else, or about you receiving proper psychiatric care, she will do whatever she can within the limits of the law to prevent you from injuring yourself or others and to ensure that you receive the proper medical care. For this purpose, she may also contact the police, hospital, or the person whose name you have provided on the biographical sheet.

### **Health Insurance and Confidentiality of Records**

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. If you so instruct Ms. Woods only the minimum necessary information will be communicated to the carrier. Unless authorized by you explicitly, the psychotherapy notes will not be disclosed to your insurance carrier. Ms. Woods has no control or knowledge over what insurance companies do with the information she submits or who has access to this information. You must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk to confidentiality, privacy, or to future eligibility to obtain health or life insurance. The risk stems from the fact that mental health information is entered into insurance companies' computers and soon will also be reported to the Congress-approved National Medical Data Bank. Accessibility to companies' computers or to the National Medical Data Bank database is always in question, as computers are inherently vulnerable to break-ins and unauthorized access. Medical data have been reported to have been sold, stolen, or accessed by enforcement agencies; therefore, you are in a vulnerable position.

### **Confidentiality of e-mail, cell phone, and fax communication**

It is very important to be aware that e-mail and cell phone (also cordless phones) communication can be relatively easily accessed by unauthorized people and, hence, the privacy and confidentiality of such communication can be easily compromised. E-mails, in particular, are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Faxes can be sent erroneously to the wrong address. Please notify Ms. Woods at the beginning of treatment if you decide to avoid or limit in any way the use of any or all of the above-mentioned communication devices. Please do not use e-mail or faxes in emergency situations.

### **Litigation Limitation**

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to, **divorce and custody disputes**, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Victoria L. Woods, LCSW to testify in court or at any other proceeding, nor will a disclosure of the psychotherapy records be requested.

### **Consultation**

Ms. Woods consults regularly with other professionals regarding her clients; however, the client's name or other identifying information is never mentioned. The client's identity remains completely anonymous, and confidentiality is fully maintained.

Considering all of the above exclusions, if it is still appropriate, upon your request, Ms. Woods will release information to any agency/person you specify unless she concludes that releasing such information might be harmful in any way.

**Payments and insurance reimbursement**

Clients are expected to pay the standard fee of \$125.00 per 50-minute session at the end of each session or at the end of the month unless other arrangements have been made. Telephone conversations, site visits, report writing and reading, consultation with other professionals, release of information, reading records, longer sessions, travel time, and so forth, will be charged at the same rate, unless indicated and agreed otherwise. Please notify Victoria L. Woods, LCSW if any problem arises during the course of therapy regarding your ability to make timely payments. Clients who carry insurance should remember that professional services are rendered and charged to the clients and not to the insurance companies. Unless agreed upon differently, Victoria L. Woods, LCSW will provide you with a copy of your receipt at the time of each service. As was indicated in the section “Health Insurance and Confidentiality of Records,” you must be aware that submitting a mental health invoice for reimbursement carries a certain amount of risk. Insurance companies reimburse not all issues/conditions/problems that are the focus of psychotherapy. It is your responsibility to verify the specifics of your coverage.

**Cancellation**

Since scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24 hours’ (1 days’) notice is required for rescheduling or canceling an appointment. Unless we reach a different agreement, a \$25.00 fee will be charged for sessions missed without such notification. Most insurance companies do not reimburse for missed sessions.

**I have read the above agreement and office policies and general information carefully. I understand them and agree to comply with them:**

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Client name (print)	Date	Signature
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Client name (print)	Date	Signature
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Parent or Guardian (print)	Date	Signature
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Therapist	Date	Signature
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