Mark Pletcher, MA, LCPC

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GENERAL INFORMATION AND RELEASE

Here are some important parameters of our working arrangement.

TELEPHONE: I can be reached at the number above during regular business hours (9am-5pm on weekdays).

FEES: My fee is $135 per 45-minute session.

CANCELLATIONS: Please give at least a 24-hour notice if you will not make your appointment. The standard fee will be charged for cancellations that are made less than 24 hours from the scheduled time. In the event of sudden onset of sickness, accident, or family emergency, of course, the fee will not be assessed.

WHEN YOU ARE READY TO LEAVE COUNSELING: When the time comes for you to leave counseling, you will have reached an important stage of working through the issues which brought you here. It is in your best interest to let me know you are considering leaving before you go, bringing all your thoughts, concerns, and deepest motivations for leaving out in the open. Also, commit to some "closure sessions" before you leave, for often important material is discovered by holding in check and exploring your desire to leave.

CONFIDENTIALITY: Communications with your therapist in therapy are privileged and confidential with some exceptions. These exceptions include the following: 1) if the therapist has reason to believe you may hurt yourself or another person, 2) if the therapist suspects that a child (age 17 years of age or younger) has been neglected, or sexually or physically abused, 3) if the therapist is required to break confidentiality by order of a judge of appropriate jurisdiction.

In each of these above occurrences, I will take the appropriate action with or without your consent. The only other time I would discuss your case would be to consult with my colleagues on aspects of your treatment.

I understand and agree to the above guidelines including the confidentiality statement as presented.

_____	_____	_____	_____
Client	Date	Therapist	Date

INSURANCE: If you intend to collect insurance reimbursement, you need to know that you waive your confidentiality with your insurance company. Insurance reimbursement requires a disclosure of your presenting problem, diagnosis, and additional information depending upon your carrier. Your signature below means you understand this fact and that you release me to convey all requested information to your insurance carrier. If you want to know what I tell them, simply ask me. If it was a conversation, I will gladly give you a verbal summary, and if a report, then I will gladly give you a copy. You, however, must ask me for this.

I hereby authorize the release of confidential information regarding myself from Mark Pletcher, MA, LCPC, to my insurance carrier, which currently is _____ for the sole purpose of reimbursement. I hold harmless Mark Pletcher, MA, LCPC, regarding the use of information, which I have authorized for release. I understand that this release is effective for the entire time of my treatment with him. I have the right to cancel this release at any time. However, cancellation does not affect any past action.

_____	_____	_____	_____
Signed	Date	Witness	Date