

Trisha Souders Rubin, L.C.S.W.
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POLICIES AND PROCEDURES

Service Offered/Fees:

Diagnostic Assessment (75 min) \$240
Individual Psychotherapy (45 min) \$150
Individual Psychotherapy (60 min) \$190
Couples/Family Psychotherapy (60 min) \$225
Group Therapy (70 min) \$90

Payment and Insurance Coverage:

Payment for treatment will be your responsibility. I will give you a statement the last week of the month unless otherwise negotiated and expect payment by the following week. Please make all checks payable to Trisha Rubin. You are responsible for submitting your own insurance forms. Attach my statement to the completed insurance form and submit both to your insurance company. I have the right to pursue any unpaid bill by legal means and will hold you responsible for any costs incurred in the process. Bills that are unpaid for 30 days will be assessed a \$10 late fee each month they remain unpaid.

Confidentiality and Client Rights:

All information shared with me will remain confidential within the provisions of the National Association of Social Workers code of ethics. HIPPA regulations are available upon request and can be viewed at any time at www.growthandrecovery.com, the Growth and Recovery web site. The only exceptions to confidentiality are when child abuse or neglect are suspect (Child Protective Services must be notified) or when I believe a client is in imminent danger of harming themselves or others (action must be taken to protect a life).

Cancellation of Appointments:

On occasion, I will be unable to keep a scheduled appointment. I will attempt to notify you well in advance of such a need or will attempt to reschedule. There is, of course, no charge for sessions cancelled by the therapist. You are expected to inform me as soon as possible regarding any contemplated cancellation of one or more sessions. I charge for all scheduled appointments that are not kept. If you cancel, I will attempt to reschedule your session. In cases of snow, ice, traffic, etc. you will be charged as long as I am able to make it to the scheduled appointment.

I understand and agree to the above policies and procedures.

Signature of Client

Date

Signature of Therapist

Date