Michael Kaplan, LCSW, LLC

Policies and Informed Consent - Child

1. Cancellations and No-Shows
Please provide as much notice as possible if you need to cancel or reschedule an appointment. If you do not call at least 24 hours prior to your session, you will be expected to pay for the session. Exceptions are made for sudden illness or emergencies. If you do not show for your session and have not canceled in advance, it is considered a "no-show." Three no-shows will be considered termination of therapy.

2. Payment
I am an in-network provider for Aetna, Anthem/Blue Cross-Blue Shield, HealthLink, United HealthCare, TriCare and MHNet insurance. Please note that co-pays or deductibles might apply. For those not using insurance, fees are listed below. A sliding-scale rate is available if you cannot afford the regular fees. Please ask for more information if you are interested in the sliding-scale rate.

Regular fees are as follows:

- $65 per full session (50-60 minutes)
- $35 per half session (25-30 minutes)
- One-time initial consultation, in person or by phone (approx. 20 minutes): No charge

Accepted forms of payment are cash, checks, MasterCard, Visa, American Express and Discover. Payment is appreciated at the time of service.

3. Phone Calls
If you would like to speak with me for any reason before the next scheduled appointment, please call (573) 529-9065. If I am not available, please leave a message on my voice mail. I will return your call as soon as possible. If there is an emergency and you are unable to contact me, **you should call 911 or go directly to the emergency room of your local hospital.**

4. Confidentiality
Confidentiality is important to the process of therapy. While I cannot promise confidentiality to clients under the age of 18, I generally do not share information with parents or others unless there is a need to know. There are some situations, however, where legal demands take precedence over confidentiality, and they include: 1) if I believe the client has intent to harm him- or herself or another person, 2) if I become aware of any minor, elder or dependent adult that has been abused or neglected and 3) if a judge in a court of law requires me to release information. Also, insurance companies require that certain information be shared, including the client's diagnosis. See the Notice of Privacy Practices for more information.

5. Consultation
In order that I may always provide the best service possible, I consult with colleagues regarding the contents of therapy sessions. No identifying information will be used.

I have read and understand the policies described on this form. I consent to counseling under the terms described above.

Parent or guardian name (please print)	Parent or guardian signature Date
Child name (please print)	Michael Kaplan, LCSW Date