

## Maren Martin, LCSW

License # LCS19351  
311 Forest Avenue, Ste C6  
Pacific Grove, CA 93950  
831.375.1134

### TREATMENT AGREEMENT

**FEES:** The fee per 50-minute session is \$130; longer sessions are prorated accordingly. This is payable at the beginning of each session, by check, credit card or cash, unless I have agreed to bill your insurance plan.

**CANCELLATIONS:** There will be a charge of \$130 (not just your insurance copayment) for missed sessions or those cancelled without 24-hour notice except in cases of emergency. *Monday appointments must be cancelled by Friday.* NOTE: Insurance plans cannot be billed for missed or late-cancelled sessions.

**INSURANCE:** If I am a provider with your insurance plan I will submit claims. At the time of the session you are responsible for paying any co-payments, deductibles, and fees for services that are not covered by your plan. If I am not a provider for your plan you will be responsible for paying in full at the session, and I will be happy to give you an invoice when requested so you can seek reimbursement from your insurance company.

**Please sign the following if using your insurance plan or an Employee Assistance Program:**

*"I authorize the release of any information (which may include notes, treatment summaries and diagnoses) necessary to process insurance or EAP claims, to determine medical necessity of treatment, quality of care, or to request additional sessions. "I authorize payment of benefits to be made to Maren Martin, LCSW for services provided".*

(Sign here) \_\_\_\_\_

**CONFIDENTIALITY:** What you say in therapy, your records and your attendance are confidential, except:

- When you give written permission to release information to a person or entity
- If your records are subpoenaed for legal purposes
- When reporting is required or allowed by law (e.g., suspected child or elder abuse or neglect, or extreme danger to self or others)
- Other exceptions as outlined in my *HIPAA Notice of Privacy Practices*

**IN AN EMERGENCY:** I return phone calls Monday through Friday between 9 am and 5 pm. If you have an emergency and are unable to contact me, call 911 or go to the nearest emergency room. You can also contact the 24-hour Suicide Crisis Line at 877-663-5433

**ENDINGS:** You may end therapy at any time; a final phone call or session is requested for closure. I am under an ethical duty to suggest termination if I determine that you are not sufficiently benefiting from the treatment and I believe that you need a different level or kind of care, in which case I'll provide you with referrals.

**DISCLAIMERS:** Any agreements made are between you and me only. I cannot be responsible for the care provided by any professionals or groups that I refer you to.

**PRIVACY POLICY:** By signing below you acknowledge receipt of my Notices of Privacy Practices. This Notice provides information about how I may use and disclose your private health information. I encourage you to read it carefully.

Number(s) at which I may leave messages for you: \_\_\_\_\_

If you have questions about any of the above please feel free to ask.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date