Lynn Krown, MA, MFT
Individual, Couple and Group Psychotherapy
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OFFICE POLICIES

Welcome. I am a licensed Marriage and Family Therapist and a certified couples and sex therapist. I am looking forward to a growthful and satisfying relationship with you and will do my best to provide my highest quality of attention and treatment.

Each session with last 50 minutes and will begin and start on time. From time to time, couples sessions maybe prearranged to last for 100 minutes with the fee reflecting the additional time. Please press the call light when you arrive. It is helpful if you have your payment ready at the start of each session so that we can devote our time to doing our work. The following information outlines various policies that support our work. Please ask me any questions that you may have.

CANCELLATION:

The scheduling of an appointment involves the reservation of time specifically for you. Successful treatment depends on the maintenance of a sturdy therapeutic alliance. Regular sessions also serve to contain and transform difficult emotions and psychological complexes.

This time has been reserved for you and you will be responsible for all missed sessions **if you cancel more than 4 sessions during the course of treatment and if you fail to provide 24 hours prior notice of your cancellation.** This preserves the integrity of your treatment and secures your regular appointment time.

If you have to cancel with 24 hours prior notice, I will do my best to reschedule and appointment for the same week, but I cannot guarantee that we can find a time that will work for both of us. On a case-by-case basis, when you may have to travel or for family and health situations and emergencies, I will do my best to work out a mutual solution.

If you are insurance patient and you fail to provide 24 hours prior notice of cancellation you will be required to pay the insurance contracted amount out-of-pocket**. If *you are an insurance patient and your insurance provider fails or denies payment, you are responsible and agree to pay out- of- pocket* in cash or check for your treatment. I cannot legally bill your insurance for missed sessions and cannot fill your spot without 24 hours notice.**

In emergency situations, I will do my best to reschedule your session, but I cannot guarantee that an alternate time will be available.

This does not of course apply when the therapist is away in which case you will be given ample notice. From time to time, I will need to be away from the office for professional reasons in addition to vacations and holidays.

CONFIDENTIALITY:
Issues discussed in therapy are important and are generally protected as both confidential and privileged. To release any information regarding your treatment it must be done with your written consent. However, there are limits to confidentiality which are mandated by law:

1. When I have good reason to suspect abuse of a child, elderly person or dependent/disabled person may be taking place or has happened.

2. When I have good reason to believe that you may seriously harm yourself or are unable to care for yourself.

3. If you report that you intend to physically injure someone else the law requires me to inform that person as well as legal authorities.

4. When I am ordered by a court of law or otherwise required to release information.

5. When your insurance company is involved. e.g. filing a claim, insurance audits, case review or appeals etc.

PHONE CALLS:
My voice mail is available 24 hours (818)754-8277. I do my best to return calls as soon as possible and may take several hours, but will be returned within 24 hours unless I am on extended vacation in which case someone will be covering for me.

URGENT CALLS:
I encourage you to contact me with you are in pressing need to talk with me in between our sessions. If our conversation is longer than 10 minutes it will be considered a phone session and will be billed at your session rate.

EMERGENCY:
If you are unable to reach me and/or feel to be in an emergency, call the police (911) right away, or go to your nearest hospital emergency room.

PAYMENT:
Payment is due at the **start** of each session unless other arrangements are made. Please be aware that it is your responsibility to keep your account with me current and up to date. You may pay in cash or by check. There is a $25 charge for all returned checks. For insurance patients, any required copay is due at time of treatment.

SLIDING-SCALE PATIENTS:
I'm committed to serving the larger community and offer sliding scale fees on a case-by-case basis with the understanding that the **fee will be reviewed every three months.** I offer a sliding scale fee to MFT students and trainees out of my commitment to the profession.

BILLING STATEMENT/INSURANCE:
For insurance purposes if treatment by me is out-of-network, at your request, I will provide you with a Super Bill that you can submit to your insurance company for reimbursement. Billing statements are done at the end of each month unless otherwise arranged.

I accept, understand and agree to abide by the contents and terms of this agreement. My signature acknowledges that if I am an insurance patient, I am responsible for any co-pay, deductible and for full payment should my insurance provider deny payment for my treatment. My signature acknowledges agreement and assumes financial responsibility for my sessions.

Patient Signature: _____Date _____

Name

Address

City Zip

Best telephone number to reach you:

Email:

Fee: _____ (initials_____)