

Lauren Dukes, LCSW, LICSW
Clinical Social Worker
Therapy with LnDukes, LLC
www.TherapywithLnDukes.com
Lauren@therapywithlndukes.com

Fairfax, Virginia
Tel: (571) 386-2179
NPI # 1295584902

Licensed in Virginia # 0904013054
Licensed in DC # LC200001873

Policies and Procedures

Welcome to Therapy with LnDukes, LLC. This document contains important information about my professional services and business policies. Please read it carefully, sign it, and share any questions you have during our first session. Please initial each item in the blank provided.

Clinical Services and Fees: All fees are payable electronically at each session unless otherwise agreed to by client and clinician. Individual psychotherapy (50 minute) fee is \$150.00. Fees for an intensive session (75-90 minutes) will be discussed and adjusted based on time and frequency. The group session fees range from \$150 – \$400.00 per person for 75 to 90 minutes, and the workshop fee is \$20 to \$75 for 75 to 90 minutes. All group fees that offer more than one session are expected to be paid in full before the first meeting. All fees will be discussed with you prior to receiving a bill for services. Initials: _____

Out-of-Network Insurance Information: I am an “out-of-network” provider. Your insurance company may reimburse you according to the guidelines they have established for out of network providers. First, check with your insurance company to determine whether “out of network” provider fees will be reimbursed to you. Clients using out of network benefits are expected to pay my full fee up front. I do not submit insurance forms, but upon request I will provide a monthly statement that may be attached to your completed insurance form. Initials: _____

Location of Therapy Appointments and Expectations: You understand that it is not permitted by the therapist’s ethical code of conduct to hold sessions while you are under the influence of drugs or alcohol, driving, or in another state (outside of Virginia or Washington, D.C.) unless prior approval is obtained. Initials: _____

Non-session Charges: I will make every effort to let you know ahead of time regarding non-session charges such as reading of documents and emails, consultation with professionals, or phone consultations and will discuss the fee for collaboration and transparency. I will provide a statement for these charges at the closest next session. Initials: _____

Email: It is encouraged to have minimal communication over email with the exception of scheduling or cancellations purposes. At times and in rare circumstances, email will be utilized. However, email is not a secure communication and your safety and confidentiality are of primary importance. In highly contested or litigated cases, if my records are subpoenaed, please be aware that emails will be a part of your clinical record. Initials: _____

Recording devices: Sessions *may not be recorded in any manner*. Recording of sessions compromises confidentiality, and may present safety concerns in some cases. Please initial that you will not knowingly record sessions in any manner.

Initials: _____

Confidentiality and Client Rights: The information shared in session with me will remain confidential within the provisions of the National Association of Social Workers code of ethics and orders of the courts. HIPAA regulations are available upon request. Exceptions to confidentiality only occur if I suspect or know of abuse or neglect with respect to a child, or an incapacitated adult; or if a client is in imminent danger of harm to self or others. In these cases, I am required by law to contact authorities and take protective actions. In such cases as these, I will make every effort to discuss it with you before taking any action. Additional exceptions may occur if I am required by court order to release information. By signing this form, you also give me permission to communicate with the emergency contact you have designated if I believe you are at risk. Please consult with me if you have any questions about confidentiality.

Initials: _____

By engaging in services and setting ongoing appointments with Lauren Dukes, LCSW, LICSW you agree that you understand and agree that you will participate in the planning of your care, treatment, or services and that you may stop such care, treatment or services that you receive at any time. You also understand that there are no guarantees that treatment will be successful.

Initials: _____

Litigation and Expert Testimony:

My policy is that I do not participate in lawsuits on a plaintiff's behalf unless compelled to do so by court order. If a client becomes involved in court proceedings that require my participation, payment in full is expected for my professional time, including transportation, preparation, deposition, consultation, court appearance, and report writing. I charge \$400.00 per hour for preparation and attendance at legal proceedings. Initials: _____

Cancellation of Appointments: Regular attendance is a critical factor for successful therapy. *It is my policy that sessions not cancelled within 24 hours will be charged the full session fee.* If you arrive late for a session and it is fifteen minutes or less from the time of the scheduled appointment, we may use the remainder of the scheduled time. However, if it is after fifteen minutes, I will no longer be available, a missed session fee will be provided, and we will need to reschedule the appointment to the next available time. I make reasonable and limited concessions for emergencies. You may cancel by sending an email to Lauren@therapywithIndukes.com or calling the phone number above and leaving a message within the 24-hour window. This policy is in place in order to discourage cancelled sessions for clinical and financial reasons. If enough notice is given, I can offer the missed session time to another client or otherwise plan to fill the time.

Initials: _____

Discontinuing Services: Ending treatment is an important part of the therapeutic process. Although services are voluntary, please discuss with me any desire or plan to discontinue therapy so that it may be worked into the therapeutic process. By signing this form, the client agrees to schedule a termination session prior to discontinuing treatment. This session will include any referrals for continued treatment or other professional services as necessary. Initials: _____

By engaging in services and setting ongoing appointments with Therapy with LnDukes, LLC you, the undersigned client, acknowledge that you have both read and understood all of the terms and information contained herein and you agree to be bound by the provisions in this agreement with opportunity offered for you to ask questions and seek clarification of anything unclear to you.

Signature of Client

Date