

Lauren Manasse, LICSW, CEDS-S
17 Henshaw Street
Brighton Center, MA 02135
(617) 894 0024
www.laurenmanasse.com
info@laurenmanasse.com

GENERAL INFORMATION AND POLICIES

FEES

\$200 for 60" intake, couple and family visits

\$175 for 50" individual sessions and clinical consultations

Initials _____

CANCELLATION POLICY

Please call within 48 hours of our session to avoid self-pay of fee. I charge a flat fee of \$125 for sessions missed after 48 hours. One exception (weather, illness, other emergency) may be permitted. I will keep a credit card on electronic file and run the charge for \$125 so you will be up to date prior to our next visit.

Initials _____

LATE FOR SESSION POLICY

If you will be more than 5 minutes late, please call or text me at (617) 894 0024 to let me know. If you are more than 15 minutes late, and/or have not called to let me know, I will assume you are not coming to the session and will charge your credit card for the balance

Initials _____

BILLING

For Self Pay clients or clients using out of network insurance coverage, payment for your session is expected at the outset of our session. If you will be seeking reimbursement from your insurance, please ask for a monthly receipt to submit to your insurance carrier.

Initials _____

For clients for whom I am in network, co-pays are due at the outset of our session. A diagnosis is required by insurance companies, and not all are covered by insurance. If for any reason the insurance doesn't cover our sessions, you will be fully responsible for the cost. Please make sure to contact your insurance carrier and verify your mental health/behavioral health benefit prior to our first session. Check the following:

- If you need prior authorization (often "prior auths" entail getting a confirmation number from your insurance company)
- Number of visits per calendar year, your deductible and co-pay/co-insurance
- If you need authorization after a certain number of visits. For example, some insurance companies automatically give 8 sessions, but will only allow you to continue if you get authorization for subsequent visits

LIMITS OF CONFIDENTIALITY

In general, the confidentiality of all communication between client and psychotherapist is protected by law. This means that, except in extraordinary circumstances, I must have your permission before disclosing any information concerning your treatment, except permitted by the conditions listed in the "Limits of Confidentiality" section. For the purposes of professional consultation, I may occasionally consult about your treatment with colleagues, also bound by the same laws regarding confidentiality. Initials _____

In certain circumstances, therapists must disclose otherwise confidential information. A summary of this information is listed below. Please also refer to the "HIPAA Notice of Privacy Practices" form for full details.

INDEPENDENT PRACTICE

To leave messages for me, please call my cell phone (617) 894 0024. I will make every effort to return your call within 24 hours; however, I am in my office Mondays, Wednesdays and Thursdays, and am not routinely available between Friday and Monday mornings. If you have not yet heard back from me and your clinical situation cannot wait, please leave a message for me and go to your nearest Emergency Room and ask for the Mental Health clinician, or call 911. Initials_____

PHONE APPOINTMENTS/AVAILABILITY AFTER HOURS

From time to time, you may wish to speak with me over the phone in between sessions. If my schedule allows, I do offer urgent phone appointments. As insurance companies do not allow billing for phone appointments, I charge \$25 for fifteen minute increments. Initials _____

Client or guardian if under 18 Date Therapist Date