

Office Policies

Sherrad Barton LICSW, LADC I

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Confidentiality

All professional contacts with me are safeguarded by confidentiality regulations. However, there are exceptions to confidentiality which include, but are not limited to, the following:

- Instances involving abuse to a child, elderly or disabled person.
- Situations in which a client is judged to be threatening serious harm to him- or herself or another person.
- Judicial proceedings involving a court order to testify.

In these circumstances, I am required to inform appropriate authorities to insure the safety of the client and others, or to comply with a court order. A more comprehensive statement regarding the limits of confidentiality is available. Please see attached HIPPA compliance documentation.

Emergency Coverage

Although my practice is covered by 24-hour cell phone/pager access 617-991-4162, I am not always immediately available in case of clinical emergency. All clinical emergencies are best handled by the nearest hospital emergency room.

Insurance

If certain insurance carriers or HMOs insure you, this office can bill the insurance carrier directly to the extent of your policy's coverage for psychotherapy sessions. Co-payments and deductibles are the client's responsibility to pay directly at the time of service. Services provided beyond the limits of annual insurance coverage are to be paid directly by the client. Unless otherwise arranged, clients covered by all other insurers must pay for services privately and obtain reimbursement directly from the insurance company.

Fee Schedule

Payments are due at the time of appointment unless otherwise agreed upon. The following schedule lists the standard fees for the most commonly requested services:

- Initial Assessment (60 minutes)	\$150.00
- Individual Psychotherapy (55 - 60 minutes)	\$120.00
- Couples/Family Therapy (55 - 60 minutes)	\$175.00

Check Fees

- Returned Checks will have a \$35.00 fee
- Redeposit fee of \$10.00

Cancellations and Missed Appointments

At least 24 hours' notice will be necessary to cancel an appointment without incurring the cost of the session. The session cost for those who are self-pay patients is the amount that you and I agree upon together. The session cost for those paying with health insurance is the amount paid by your insurance company (this amount varies and is indicated on the Explanation of Benefits form you receive in the mail or online from your insurance company after each session)

As always, when it is possible to fill a cancelled appointment time with another appointment there is no payment necessary for that late cancellation.

Payment as indicated above is expected when an appointment is missed with no notice as this constitutes a "no-show" and the time cannot be filled with another appointment.

I understand the above, and that my treatment is being provided by Sherrad Barton LICSW, LADC I

x _____
Signature

_____/_____/_____
Signed Date

x _____
Sherrad Barton LICSW, LADC I

_____/_____/_____
Date