

Helene Beddingfield, RN, ATR, LMFT

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8150 Greenback Lane, Bldg. 200 Fair Oaks, CA 95628

916 536 9336

## New Client Information

The following information is to acquaint you with my office policies. If you have any questions or concerns, please do not hesitate to ask me.

### **Appointments/Fees**

Sessions are scheduled by appointment lasting 50 minutes with a fee of \$100.00. When scheduling an initial couple or family session, 90 minutes would be preferred for the first session at a rate of \$180.00. Fee rates are the same for individual, couple and family sessions. Telephone calls for the purpose of therapy are billable and prorated the same as session rates. If you are covered by insurance, be aware that insurance will not reimburse for telephone sessions, so payment for telephone time will be billed to you. Session fees and co-pays are due at each session by cash or check. A receipt is available upon request. Missed or late cancelations are billable if less than 24 hr notice. This will not occur in cases of illness or emergencies, so let me know as soon as possible if you anticipate a problem attending your scheduled session. A sliding scale is available in the case of financial hardship.

### **Contacting me**

For routine messages, you can leave me a confidential voice mail at 916-536-9336. You may also leave a text message at that number or contact me by email at [helenebeddingfield@yahoo.com](mailto:helenebeddingfield@yahoo.com). I am usually able to respond within 24 hours. Sometimes calls do not go through or the message is unintelligible, so if you do not hear back from me within 24 hours, please call again and leave another message.

### **Confidentiality**

A clinical chart is maintained documenting the dates you attend sessions and progress notes. This information and anything you disclose in therapy is legally protected with the exception of the following situations:

- If you threaten to harm yourself or if you are unable to take care of yourself.
- If you report that you have intentions to physically harm a specific person, the law requires that I, as your therapist, inform that individual and notify law enforcement.
- Suspected abuse or neglect of a child, elderly or disabled person caused by you or if you are reporting an abuse situation caused by someone else.

- The court can subpoena information regarding your treatment, so if you are involved in any litigation be aware that any information you disclose may be mandated to be shared with the court. Also the same may occur if you reveal to the court that you are in therapy. I recommend you discuss any concerns that you do have regarding this with your lawyer.
- The only information required by your insurance pertains to the dates you have attended sessions, diagnoses and payment codes specific to the length of your session and if your session was individual or family. Let me know if you have any questions or concerns regarding any of this information.
- If you are using your EAP, then the same information requirements as with insurance are expected with the addition of possible conferencing with an EAP representative if your issue concerns your work performance.
- Since I employ NCMB for insurance billing purposes, I provide them with information needed to bill your insurance company. NCMB is licensed and follows all HIPPA regulations so that all of your confidential information is protected.
- In the case of a delinquent account your name and address can be given to a collection agency.

### Emergencies

I can be reached by calling 916-536-9336. If I am not available when you call and you are experiencing what you consider to be an emergency, you have several options to get immediate assistance. If you are experiencing a life threatening situation, call 911 or have someone take you to the nearest Emergency Department. If you must talk to someone immediately, you can call Sutter Center for Psychiatry's crisis line at 916-386-3077. If you feel that you can wait for my return call, leave your message including the best time and number to call you back. Since I may be in session when you call, it may take me several hours to get back to you, so if you require a prompt response, you may need to consider the suggested options for immediate assistance.

I have read, understand and agree to the above information.

Please keep a copy for your records.

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Signature

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Print name

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Today's date

