

Mary Chambers, LCSW
14 Cottage Street
Medford, OR, 97501

New Client Agreement

Please read the following information. If you have any questions, please let me know prior to signing.

- 1. I am a social worker providing counseling services based on this agreement. In any clinical profession, there cannot be guarantee of specific results; you are partly responsible for the outcome. I encourage you to collaborate actively with me and communicate your needs and concerns as we progress in treatment.*
- 2. All information shared is confidential. Information concerning your treatment can be released only with your written permission. Circumstances where I must release information without your permission are the abuse/neglect of a child or vulnerable adult, if I believe that you are a danger to yourself or others, some requests by your insurance company or if your records are subpoenaed by a court of law.*
- 3. The standard services I provide are based on a 57 minute session unless otherwise arranged. Services are paid at a rate of \$200.00 per hour. The initial assessment charge is \$250.00. Fees for longer sessions are prorated as are fees for reports, letter writing, review of materials, court appearances or emergency phone calls.*
- 4. I am able to submit claims to your insurance company on your behalf. Benefits will need to be verified prior to our appointment. Payment is due at the time services are provided, including your insurance co pay or deductible. Any amount not covered by insurance is due at the time of service.*
- 5. Your appointment time has been set aside exclusively for you. Please give at least a 24 hour notice of cancellation. If you are late, I will see you for the remaining time available, but you are expected to pay for the entire 57 minutes. If you are more than 15 minutes late, I do not guarantee that I will be available to see you.*
- 6. I have obtained a Bachelors of Science in Sociology from Southern Oregon State College in Ashland, Oregon and a Masters in Social Work from Portland State University in Portland, Oregon. I am licensed by the Oregon State Board of Clinical Social Workers. I believe that my training and education has prepared me to offer the highest standards of professional practice.*

7. In the event of an emergency and you are unable to wait, please feel free to call my cell phone, but please keep in mind that I may not be readily available due to my work schedule. All emergencies are considered billable at the standard or agreed upon rate. If you are unable to wait for return call, please go the nearest hospital emergency room or call 911.

My signature indicates that I have read this client agreement and understand it. I hereby authorize Mary Chambers, LCSW to provide services to _____ . This authorization constitutes informed consent without exception and acknowledges that I have received a copy of this agreement.

Signature

Date

Signature

Date

**I am committed to providing counseling services to people in all types of financial circumstances and for this reason do accept some sliding scale fee clients. Please feel free to inquire further if you have any questions concerning the arrangement of sliding fee scale rates.*