

RAWN MARTIN, LCSW-C
101 E. Chesapeake Ave., Suite 401 Towson, Maryland 21286
Phone: 717-818-8397
Fax: 844-364-5367 rawnmartin@gmail.com

PRACTICE PROCEDURES – PLEASE READ AND SIGN

Please take a few minutes to read about how this practice functions in order to best assist you. The client information form is designed to provide your psychotherapist with some initial information that will help to facilitate the process of getting to know you and your concerns. Try to answer all questions as best you can.

During your first session, you and your therapist will, together, arrive at an agreement regarding the focus of your therapy, the frequency and time of sessions and the length of time you will work before evaluating the effectiveness of your work. It is important that you understand and feel comfortable with all strategies and interventions. You will be encouraged to ask questions and discuss the therapy process with your therapist. Every effort will be made to make sure that you experience the process as mutual and empowering.

At this time all therapy sessions are conducted online. Therapist will conduct session in an environment where client privacy is protected. It is the responsibility of the client to provide their exact location at the time services are rendered. It is the client's responsibility to be in a private location throughout the session and to inform the therapist if anyone else is listening or present. Recording of sessions is not permitted. Therapist will end the session if these policies are not respected and client will be billed for the full session. The cost of the services will be discussed prior to your first session. Sessions will last approximately 50 minutes. You will be expected to pay the full fee for each session by personal check, bank check or electronic transfer via Zelle. Future sessions will not be scheduled if an outstanding balance exists. It is your responsibility to work with your insurance company regarding reimbursement. Whenever your third party carrier requests information regarding a treatment plan or anything else to facilitate coverage, your therapist will make every attempt to provide such information. Phone conversations will be billed. There is no charge for phone calls that are brief, regarding scheduling or a quick exchange of information and less than 10 minutes.

A notification of 48 hours is required for cancellation of a session. This allows your therapist to make your session available to someone who may need to schedule. You will be expected to pay for any sessions cancelled with less than 48 hours notice.

Termination of therapy is an important part of the process. Please discuss this with your therapist. It is important to honor the ending process.

I have read these office procedures. I understand them and agree to work within these parameters.

Name _____ Date _____