

**Anne G. Walker, MSW, LCSW**  
**Licensed Clinical Social Worker**  
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Outpatient Services Information & Contract

This document contains useful and important information about my practice and policies. Please contact me with any questions or concerns.

I am an independent practitioner and share office space with a colleague. We are not a group practice and therefore may have differences in policies, fees, & insurance contracting.

**SERVICES**

Traditionally I conduct an evaluation throughout the initial 1-3 sessions. During this time we will both assess if I am the best professional to provide the services you need to meet your treatment goals.

Psychotherapy requires active participation on your part; therefore you will need to work on goals both during and outside of sessions. Following the assessment, I usually recommend one 45-60 minute session per week at a mutually agreed upon time, although frequency may fluctuate depending upon your needs.

*It is my policy that once an appointment is scheduled, a change or cancellation must be made more than 24 hours in advance of the time. If not, you will be responsible for the full fee. This cannot be billed to your insurance company, and will be billed to you directly. I am aware that true emergent situations may arise, and am willing to consider these on a case-by-case basis.*

**PROFESSIONAL FEES\***

My fee is \$200 for an initial session; \$160 for a family/marital/couples session; \$160 for an individual session lasting 55- 60 minutes, and \$125 for 45 minutes. In addition to sessions, I use this fee structure for other professional services you may need. This fee is pro-rated in 15 minute increments. Other services may include disability report writing, scheduled telephone conversations lasting more than 15 minutes, attendance at meetings with other professionals which you have authorized, preparation of records or treatment summaries, or any other mutually agreed upon service within the scope of my practice. Depositions and testimony time are billed at double my regular fee due to the preparation required.

Fees are altered in the case of contractual agreements with in-network insurance carriers.

\*rates subject to change

**BILLING AND PAYMENT**

To best establish treatment goals and plans it is important that you evaluate the financial resources you have available to pay for treatment, as some insurance policies limit the number of sessions available. I am willing to discuss the limits of your coverage, such as deductibles, co-payments, etc. and help you to plan accordingly and/or make payment plans as necessary. I will submit claim forms on your behalf to assist you in receiving the benefits to which you are entitled.

It is my preference that any co-payments, co-insurance, or full fee payment be made at the time of service by cash or check. If you receive a bill, it is expected that you make payment within 14 days. Any past due balances in excess of 90 days will be forwarded to a collection agency if a payment arrangement has not been made with me. You will be responsible for the collection agency fees, which will be added to your past due balance.

*It is crucial that you are aware of the limits of your coverage. Any fees incurred in excess of your coverage are your responsibility.*

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### **CONFIDENTIALITY**

Generally speaking, the privacy of our communications is protected by law, and I can only release information about our conversations to others by your written consent. There are a few exceptions of which you should be aware.

In most legal proceedings you have a right to prevent me from providing information about your treatment. In some proceedings involving child custody and those in which your emotional health is an important issue, a judge may order my testimony if he/she determines that it is warranted.

There are some situations in which I am legally bound to protect others from harm, even if I need to reveal some information about a client's treatment. For example, if I believe that a child, elderly adult, or a disabled individual is being abused, I must file a report with the appropriate state agency.

If I believe a client is threatening serious bodily harm to himself/herself or another, I am required to take protective actions to ensure safety. This may include notifying a potential victim, contacting the police, or seeking hospitalization for the client. I may need to contact family members or others who can help provide protection to a client that is suicidal. If a situation presents itself during your care, I will make every effort to discuss it with you fully before taking any action.

I also occasionally find it helpful to consult with other professionals about a case. During a consultation I do not reveal the identity of my client and the consultant is legally bound to maintain confidentiality.

### **CONTACTING ME/TECHNOLOGY**

Generally I am *not* immediately available by telephone, particularly if I am in session, and my phone is answered by voicemail. I check the voicemail several times throughout the day. I will make every effort to return your call within 24 hours during weekday business hours. I do not regularly check messages outside of these hours.

Please understand that other forms of contact via technology are not encrypted such that privacy and confidentiality cannot be guaranteed. Please use voicemail, email or text for scheduling purposes only and refrain from sharing clinical information via these options.

I will not accept requests to connect via social media such as *LinkedIn* in order to protect your privacy.

Audio-recording of a session without specific prior authorization is prohibited and will be cause for termination of our therapeutic relationship.

**If you are unable to reach me and feel that you are having an emergency, contact your family physician, psychiatrist, the nearest emergency room, or 911.**